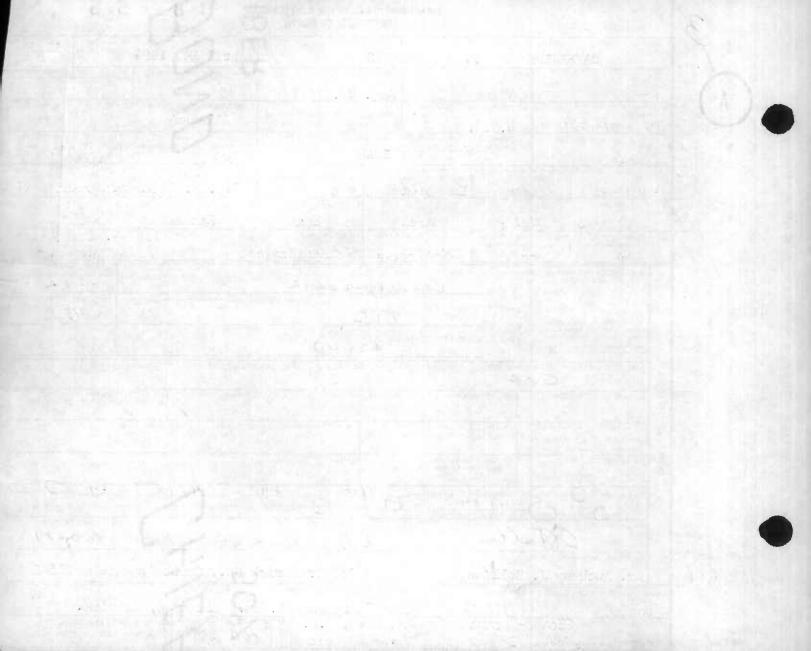
8	1 -	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND IEALTH AND MENT OL HYA ICATE OF DEATH	REG.	8 , . . NO.	5 5	
0.54		IP PRINTI	FIRST	MIDDLE		AST	20. DATE OF DEATH		AY YEAR	26. HOUR 5
ge de	3 05.	CATHE	RINE	Ε.	BARNES 5. DATE C	VE DIDTU	April 14		IF UNDER TYEAR	IF UNDER 241
		male	whi		Aug.		86	YRS.	ONTHS DAYS	HOURS M
4	CC	THPLACE (STATE OR FORE DUNTRY) AT VITGINIC Y OR TOWN OF DEATH			WIDOWE		9 BALTIMORE CITY Allega	iny		
by the tiled with	-CL	mberland	(IF NOT IN	N SUCH FACILITY, GIVE STI MEMORIAL I	HOSPITA	DR OTHER INSTITUTION	120. USUAL OCCUP. (TYPE OF WORK FOR MOS		INDUSTRY	Kelly- Kelly- Igfield
y filled in should be	13a. ST	RESIDENCE (IF NURSING ATE 13b Vruland F	HOME OR OTHER INSTITU 6. COUNTY Allegany	130. CITY OR TO Cumber	OWN	13d. INSIDE CITY LIMITS? YES \( \big  NO \( \big  \)		SS / ZIP CODE Allegar	ny Stre	zet / 2
completely and 2 s		HER'S NAME FIRST Charles	William			Eden	Fran	ces	Bell	
on and c		AS DECEASED EVER IN S, NO OR UNKNOWN] (1	U.S. ARMED FORCE IF YES, GIVE WAR OR DATE			Richard Renf		DRESS 1300 Arli	ngton,	Va.
rtificate a physicii an paper emavol. event, th		PART I. DEATH WAS	Enter only one couse CAUSED 8Y: MEDIATE CAUSE (o	1		niestrch				MATE INTERVAL ONSET AND DEA
ot the death c yy the ottendin se remotion, or other troumatic			rhich (b	O, OR AS A CONSE	OUENCE OF	SCUD			1 4	182
equires thin signed by Then please to buriol, njury, or c		PART 2 OTHER SIGNIFI	ICANT CONDITION	IS CONTRIBUTING		NOT RELATED TO THE TER/	MINAL DISEASE OR CO	ONDITION GIVE	EN IN PART 11	0'
he law re on. has beer t permit. I ene prior	CERTIFICATION	9a DATE OF OPERATION	IN 196. CC	ONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🔀	IN CERTIFY	, WERE FINDING CAUSES	NGS USED OF DEATH?
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	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLA	ACE OF INJURY AF, STRFET, FACTORY, OFF		211. LOCATION STREET	CITY O.	RIOMN	COUNTY	STATE
ENDIN tal or OR: Aft Truse a		22a. I certify the (1) (the saw the deceased a above (1)(we) (did)				nd that in (my) (our) apinion	1 , to 4 )	e date and have	and from the	that (we)
OR he		22b. SIGNATURE	Mille	N	3	DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	22c. DATE	SIGNED 270 84
TO HOSPITAL of the retained by the TO FUNERAL Is should be determined by the state [IMPORTANT: IF]		Dr. Anthony		ino	//	22e ADDRESS 955 Frederic			1, MD	<i>1</i> 21502
of Sho	23a. Bl	JRIAL, CREMATION, REA			13c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	·	COUNTY	STATE
BP	B	urial	4/18	3/84	Grace E	piscopal Ch.C		dge, Ma		
DHMH - 16 50M 4/83 (VRA 15, 4)		NERAL DIRECTOR GENAME 02 Greene S	_	ADDRE	:22	I WW	2 4 1984	ARIPS DE REGISTA	RAR'S SIGNAT	URE Mydda Alla



ADDRESS

Balto., Md.

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Anatomy Board

DHMH - 16 50M 4/B3

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

CERTIFICATE OF DEATH

2h HOUR

17h KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY Bakery

Box 74

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

Sloppy

YES [

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

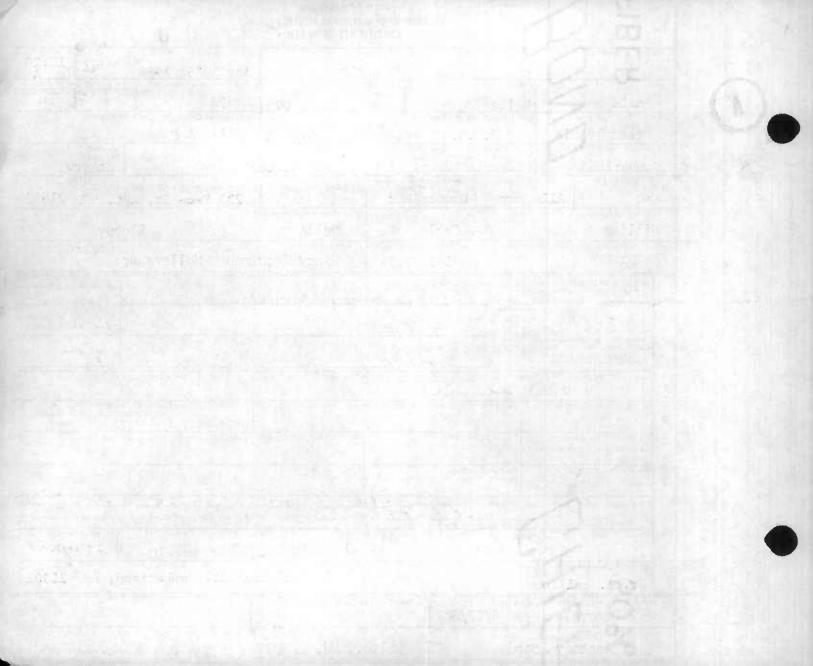
Ma Davidson-Randall

22c. DATE SIGNED

DAYS

10:20

IF UNDER 24 HRS

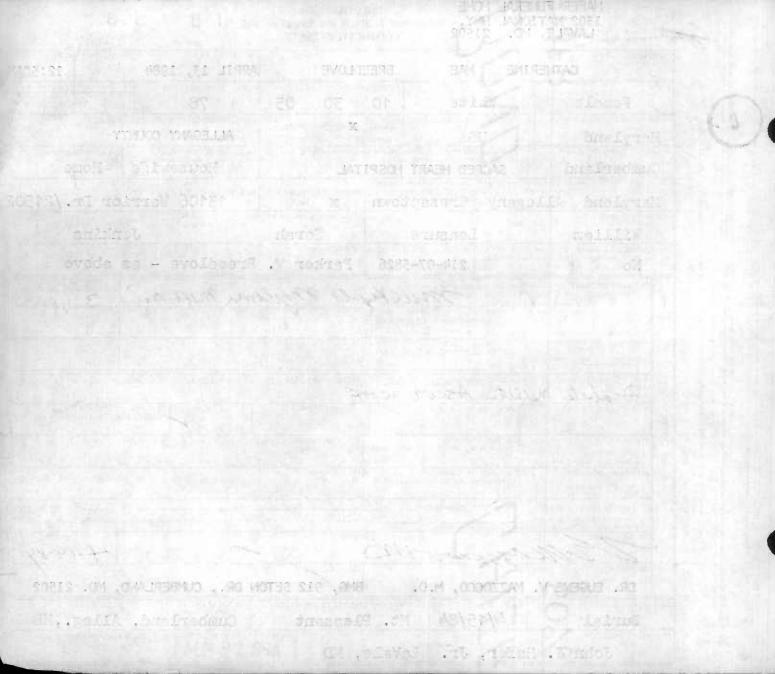


REG	E STRAR		M	EDICAL	EXAMINI	ER'S C	ERTIFICATE	OF DEA	TH	REG. NO.	5	1	
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3. SEX FEMA	I E	Caus.	5. DATE OF BIRT	Y YEAR	6. AGE (IN YEAR LAST BIRTHDAY 47 YRS	Y) MONTH			RONOUNCE DEAD	D	монтн <b>04</b>	17 84 19	2d H
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MARY	LAND	13b. COUNT ALLEG		13c. CITY	OR TOWN  1BERLAN	Office of	13d. INSIDE CITY LIMITS YES NO		et address 617 Βε	dford	1 Str	2/50 eet	2
W	R'S NAME IST Illiam		MIDDLE T.	Sl	ıroyer		15. MOTHER'S MA	e	MIDO			wning	
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_	gave rise	if any, which to immediate	(b)	R	UPTU	M	OF S	SPLE	22				
0.0	lying cause l		DUE TO,	OR AS A CON	ISEQUENCE O	)F							
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APR 23 1889 John Timber Forder :

		CEASED NAME	FIRST		MIDDLE	l	AST		20 DATE OF D	EATH MONTH	DA	Y YEAR	2b. HOUR
oge 3	(TYPE	OR PRINT)	ATHER 1	INE	MAE	BREE	EDLOVE		APRIL 1	3, 1984	+		12:50AM
0 5	3. SE	(	4.	RACE		5. DATE C		w6.10	6. AGE (INYEAR	S LAST BIRTHDAY)	_	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
		Female		Wh	ite	10"	30	<b>'0</b> '5		78 <sub>YR</sub>		DATS	HOURS MIN.
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by the first	1	ty or town of DEA umberland		(IF NOT IN SUC	HOSPITAL, NURSII CH FACILITY, GIVE STREET RED HEART	ADDRESS)		ITUTION	120 USUAL OC (TYPE OF WORK FO H C	CUPATION OR MOST OF WORKIN DUSEWI	fe fe	126 KIND O INDUSTRY HOL	F BUSINESS OR
filled in	13a S	AL RESIDENCE (IF NURSE TATE aryland	136 COUNTY	Y	GIVE RESIDENCE BEFOR	/N	13d. INSIDE CI	TY LIMITS?	13e STREET AD	press / zip co	ODE rri	ior D	r./21502
and 2 sh	14. FA	THER'S NAME William	MAI	DDLE	Leasure		15. MOTHER'S		WE	WIDD1E		nkin	1
Pages 1		VAS DECEASED EVER I (ES. NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	214-07-		Parke		Breed	ADDRESS Love -	as	s abov	ve
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is been signed by the attending ermin. Then please remove carb e prior to burial, cremation, ar r is any injury, or other traumatic	FICATION	2030 Conditions, if ony,	which neclate g the last.	DUE TO, O  (b)  DUE TO, O  (c)  DIDITIONS CO	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO	ENCE OF  ENCE OF  DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	OR CONDITION  SY? 20b. IF	GIVEN	N IN PART III	NGS USED
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HAFER FUNERAL HOME



Hyndman, Pa.

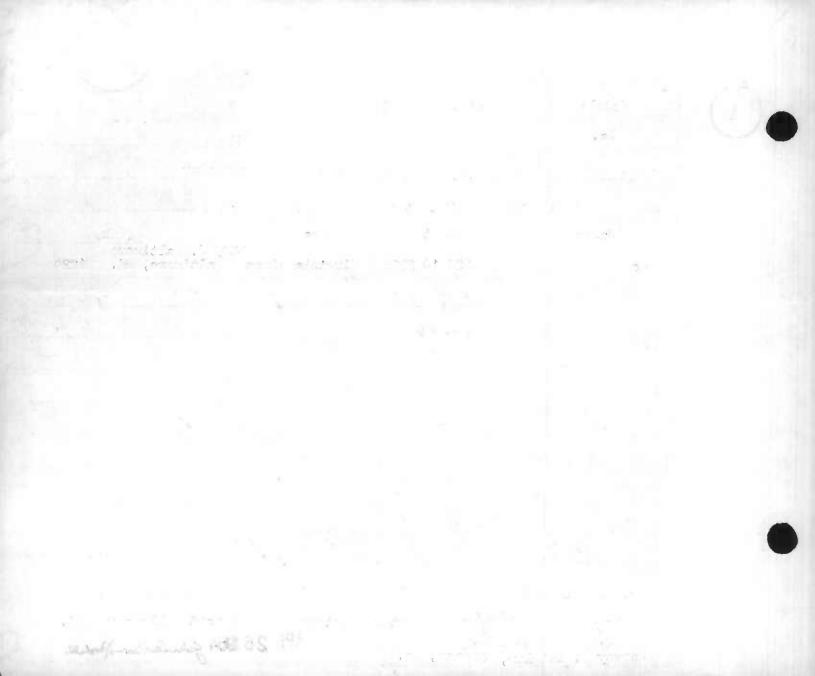
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

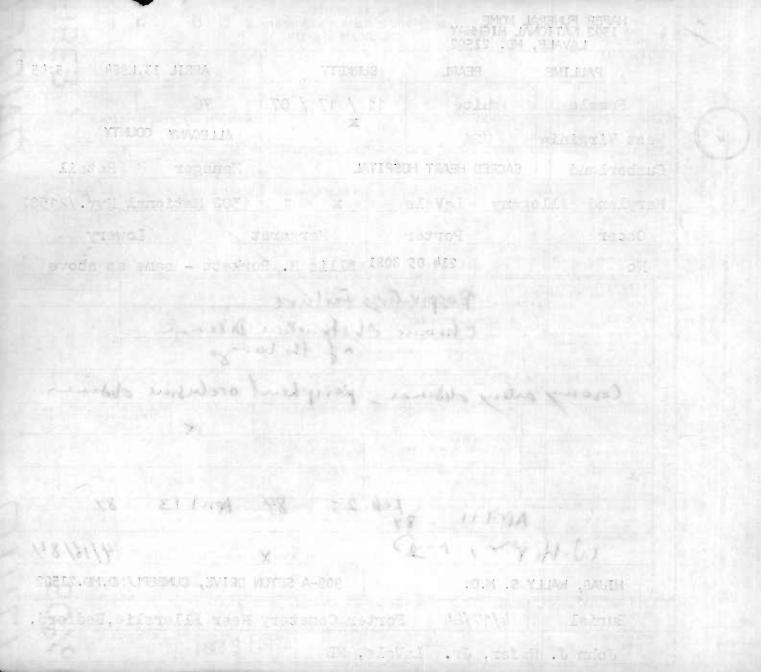
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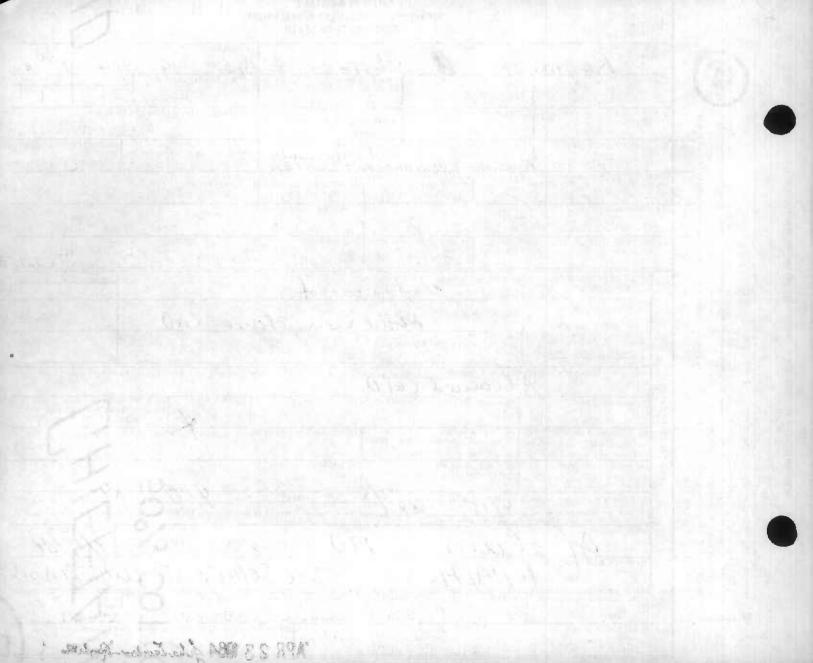
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X	3. SE)	Pemale	4. RACE White		5 DATE O	04 4001	6 AGE (INYEARS LAST	MC	FUNDER I YEAR	IF UNDER 24 H
132	Za-Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)  ryland		WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY			
La Company	0 CI	TY OR TOWN OF DEATH  mberland	11. NAME OF I		G HOME O	R OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS Domestic		12b. KIND O INDUSTRY Housey	
35	Mar	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUI	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Cumberla	N I	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	307 Avire	s / ZIP CODE tt Ave.	21502	2
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them 21 is m		220. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 220. SIGNATURE				d that in (my) (aur) opinion DEGREE		TAFF		
State De		DR. GEORGE	BREZA, N	4.D.	, 43	BMG, 912 SE	TON DR., C		ND, MD	. 21
should be detor		BURIAL, CREMATION, REMOVA	23b. DATE			EMETERY OR CREMATORY	73d LOCATION			

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N DE. CURREPLANT. NY. 22			



5	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HI	EALTH AND MENTAL HYG CATE OF DEATH	IENE 0 8	) 6 %	
noy be		CEASED NAME FIRST	MIDDLE AND A RACE	CL,	TES FRIETH		MONTH DAY 9 1984	26. HOUR  A M  RIYEAR IFUNDER 24 HRS
9e 4 n	1	MALE	WHITE	JUNE	7° <sup>AY</sup> 1904	79	YRS.	DAYS HOURS MIN.
leoth. Po merol di mr72 ho		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	
by the fu	)0. Ci	CUMBERLAND	11. NAME OF HOSPITAL, NUP (IF NOT IN SUCH FACILITY, GIVE ST NURS! NG POAN	RSING HOMEO REET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF BUSINESS OR USTRY A I L ROAD
filled in bould be filled in most be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BE NTY 13¢. CITY OR T	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	536 FORT	AVENUE	21502
MARYLA ed within mpletely ond 2 sh	14. FA	THER'S NAME ALBERT	MIBDLE C LAST	TES	15. MOTHER'S MAIDEN NA. RESTODA	ME		₽ugh
IMORE, oe execut n and ca Poges 1	16a. V	VAS DECEASED EVER IN U.S. AR (ESNIO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS 705-0!	5-5223	MRS, SHIRLE	Y BRATT	T #1 BO	1.635
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician.  When this certificate has been signed by the attending physician and completely filled in by os the buriok-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal.  orked or them 18 shows any injury, or ather troumatic event, the medical examiner mast be made and the manual properties.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA!  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	Ploted	auest.	ence. CA		APPROXIMATE INTERVAL ETWEEN OMSET AND DEATH
RDS, 201 equires the signed Then plect to burial injury, or	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING Advanced	TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR COND	OITION GIVEN IN P	'ART Trans
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED CAUSES OF DEATH?
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DIVISION DING PHYS or otherdin After this c e os the bur olth and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC }	21E LOCATION STREET	CITY OR TOW	VN COU	JNTY STATE
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TO HOSPITAL ( retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		22d PHYSIC TO MAKE IN CO	1. HALMO	5	302 S	CHEY ST	T. Cuh	BELCAND
BP		urial, cremation, removal <sup>Specify</sup> BURIAL		SUNSET	METERY OR CREMATORY MEMORIAL P	23d LOGATION  GITY OR TOWN  K CUMBERLA	AND ALLE	GANY MD
DHMH - 16 50M 4/82 (VRA 15, 4)	-	ILCOX-MERRIT	T FUNERAL SEI	404 DEC	CATUR STOR DAT	REC'D. BY REGISTRAR	25h. REGISTRAR'S S	IGNATURE



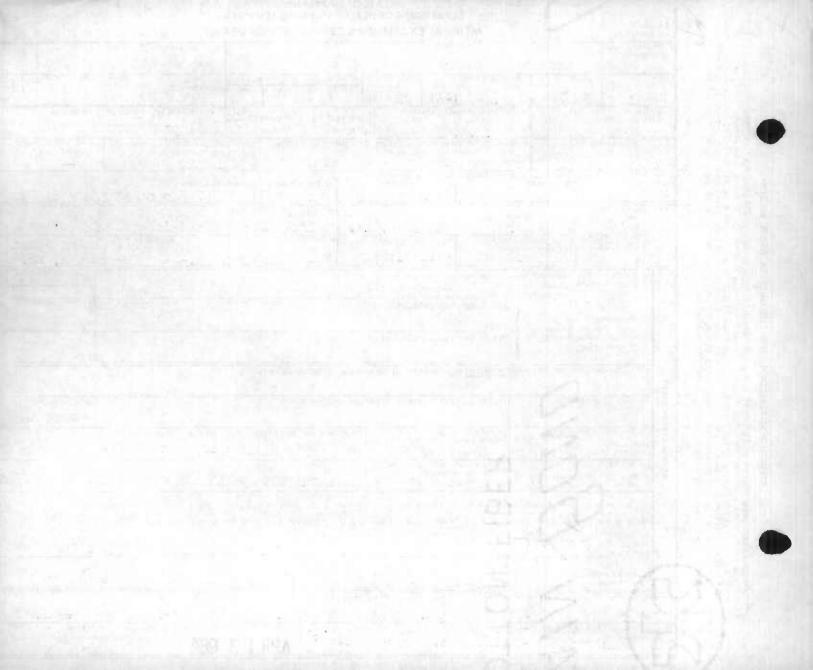
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN OF (TYPE OR PRINT) Harvey Cook DEATH MATED 4. RACE & AGE IN YEARS IF UNDER 1 YR. 2d HOUR SEX DATE OF BIRTH IE LINDER 24 HRS DATE 81 VPS PRONOUNCED Male White April Oct. 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED TO NEVER MARRIED Maryland TISA Allegany WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION TTYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Cumberland 708 Glenmore St. Retired Pipefitter Railroad AND 3 TO WITH FORM PM 3. RETAIN P. I. PAGES I AND 2 SHOULD BE DIVISION OF WITH RECORDS. Allegany 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21502 708 Glenmore St. Maryland Cumberland YES TX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John Cook Mollie Siebert 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 705-09-9474 Mrs. Mary M. Cook, Cumberland, Md. Wife no 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Heart Failure DUE TO, OR AS A CONSEQUENCE OF Arteriolosclerotic Heart Disease Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 3 SHOULD BE USED TATE DEPARTMENT OF HE 21201 PRICK TO BURIAL NOF 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autapsy Inspection ond in my opinion Natural causes XX death resulted fram: Accident Undetermined manner Dr. Nicholas Giarritta Heart Hospital. Cumberland. Md. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Cumberland, Md. 21502 4-13-84 Hillcrest Burial Park BP 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Scarpell'Tores Cumberland : Md (VR A15 ME (5) 15M 2/80

. APR 17 Ell Julie Sirihan Sportest

	EASED NAME ORPRINT)	FIRST		WIDDLE			AST		20	o. DATE MA	ESTI-	MONTH C	NAY YEAR	26. HOU
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	couse (o) s	stoting the <u>under</u> -	DUE TO, O	R AS A CONS	EQUENCE O	F								
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MEDICAL	220 I certify death resulted	y that I took charge	ge of the remains d	Accident [		ide .	Homic	cide .  SPECIFY)  Duty	Undeter	mined mon	ner ,	DATE SIGNED_	4/23	3/84
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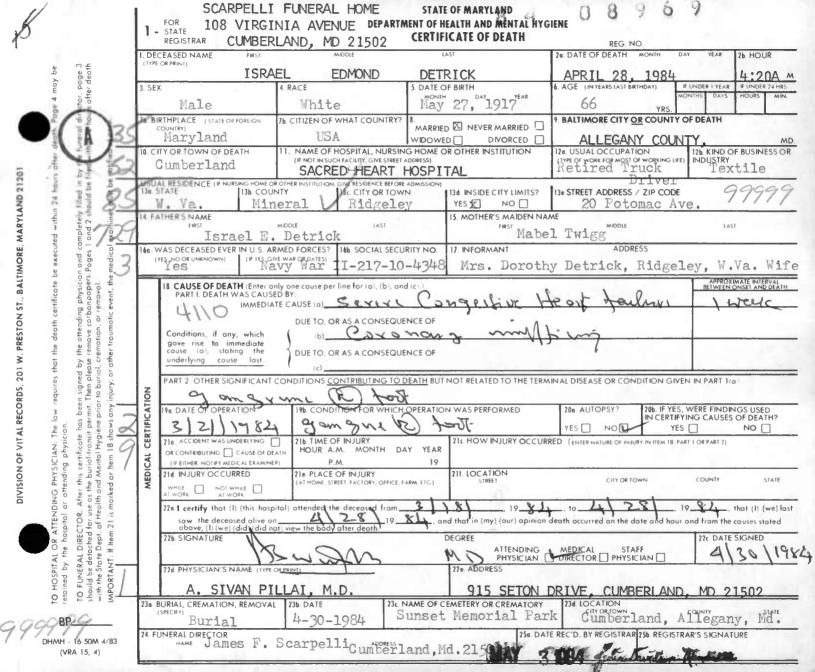
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and co		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	DIE WAR OR DATES	SOCIAL SECUR		7 INFORMANT MRS . MARY D.	AVITE CIN	ADDRESS	MD	21502
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TO HOSPITAL OR ATTENDING PHY retained by the haspital or attending to FUNERAL DIRECTOR: After this should be detached for use as the buyin the State Dept. of Health and Mith the State Dept. of Health and Mith PORTANT.		278. I certify that (I) this hose saw the decreased alive a above, (II (we) ided) ided in 27% MCAATURE  27% MCAATURE  CHANG OH, M.D.	. /ICIANI /	19 1	/	that in (my) (our) aprimor  GREE  ATTENDING PHYSICIAN  27: ADDRESS  48 TARN TER	MEDICAL DIRECTOR []	STAFF PHYSICIAN [	71,041	PAR PAR

EVETTURE, NO 21519 INC. MERIL II, 1986 STANDERS NIDEAR OF DEALER THE LAND GLITTLE MILECANY COUNTY. DURENTALDO I SACRED MEANY MOSPITAL AT BUILT . B. B. BURLEY'S 229 14 7016 Man. Mar Day L. (Managham, Mr. 21902 I amend the state of the state of the TATE OF TARM TERRAGE, PROSTHUTE, PO DAING THE COLUMN THE PROPERTY OF A PARTY OF A PARTY OF THE PART The state of the first of the state of the s

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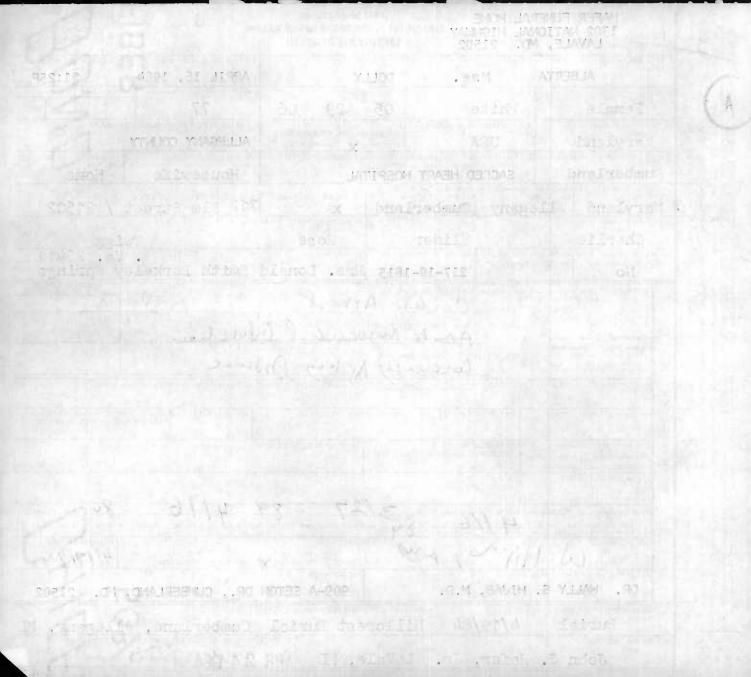
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John J. Hafer, Jr. LaVale, MD

(VRA 15, 4)

STATE OF MARYLAND

HAFER FUNERAL HOME



FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

Leasure-Stein Funeral Home

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Cumberland, MD

26 HOUR

12b. KIND OF BUSINESS OR

McEffish

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c. DATE SIGNED

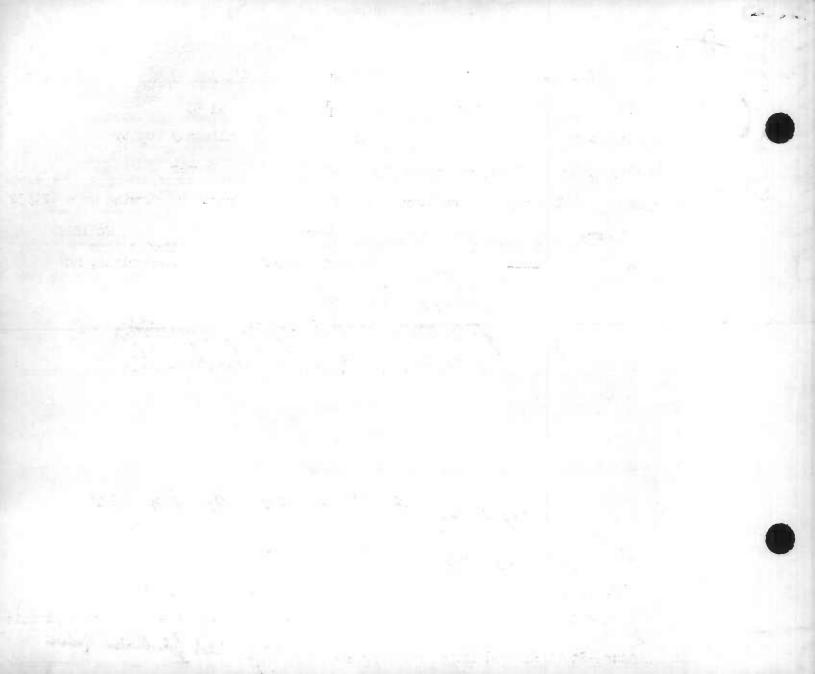
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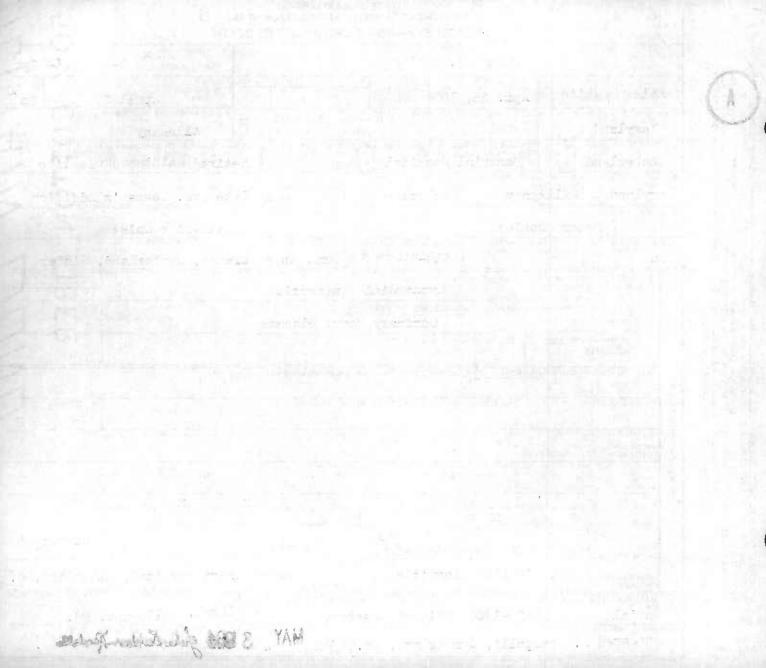
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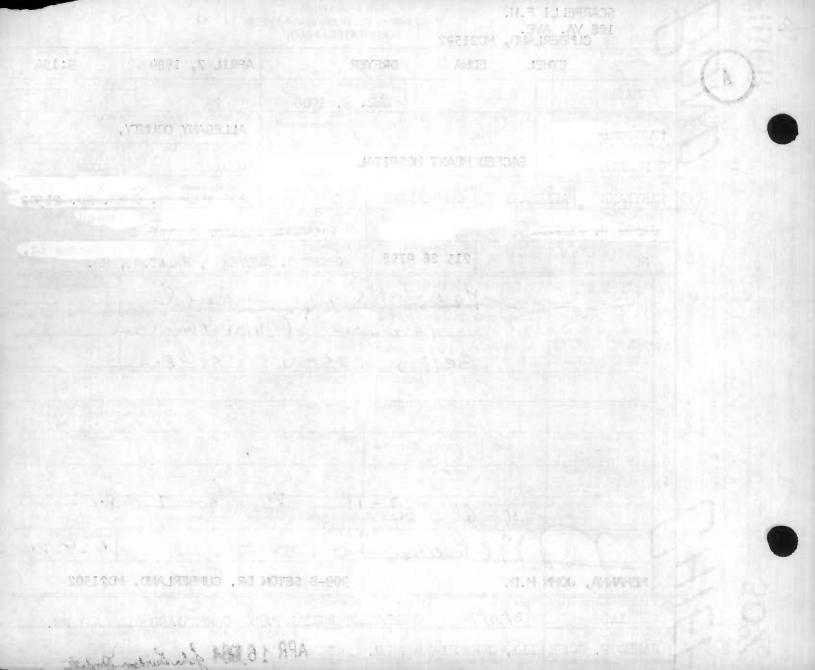
INDUSTRY



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Thomas J. Donius DEATH MATED 4. RACE 3. SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR White PRONOUNCED Male Apr. 25. 190 DEAD April 1084 20 M 76. CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA Allegany WIDOWED DIVORCED AND 3 TO THE R. RETAIN PAGE 5 HOULD BE FILED. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS F NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Memorial Hospital FOR MOST OF WORKING LIFE OR INDUSTRY Retired MaintenanceTextile Cumberland NG" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND BENCE EXAMINER ALONG WITH FORM PM. 3. BETAIN BENEAL—TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS ATION, OR REMOVAL. USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE Allegany 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Cumberland Lake Ave. Bowman's Addition 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Peter Donius Catherine Deist 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 214-07-2803 Mrs. Anna Foreman. Cumberland. Sister 18 CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial Infarction JAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Coronary Heart Disease gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION DRWARDED TO THE CHIEF M R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA ID, 21201 PRIOR TO BURIAL, C 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE AT WORK SHOULD BE FORWA FEAL DIRECTOR: PA SEATH, WITH THE STA ORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) 4-27-1984 PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, N Deputy DATE MEDICAL EXAMINER SIGNED Dr. Nicholas Giarritta MD Sacred Heart Hospital, Cumberland, Md. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE finzel. 4-29-1984 Finzel Cemetery Allegany, BP 24 FUNERAL DIRECTOR **DHMH-17** NAME James F. Scarpelli. Cumberland, Md. 21502 (VR A 15 ME (5)) 15M2/80

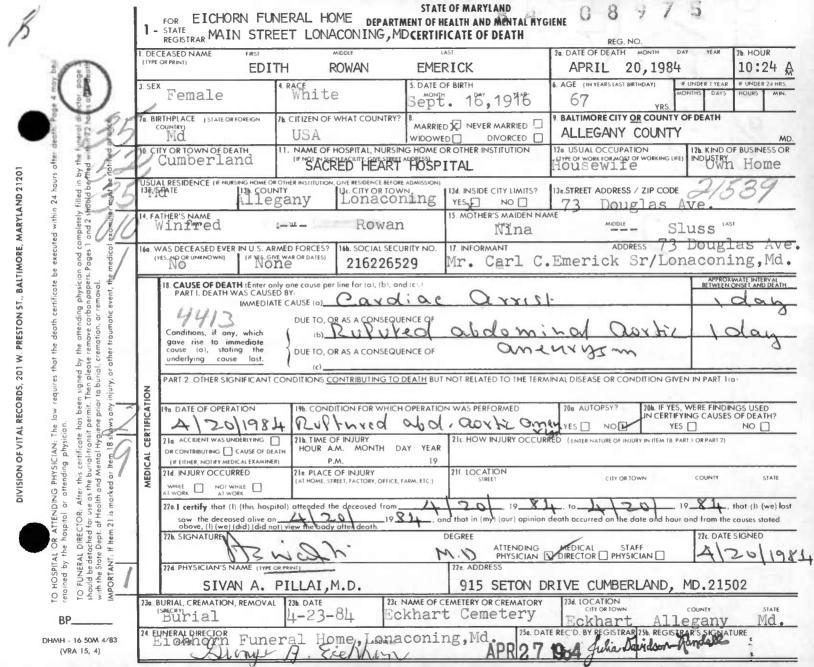


		CEASED NAME FIRST ETH	HEL EDNA	DREY	/ER	APRIL 7, 1984	DAY YEAR 2b F
S	1.5E)	PEMALE	4. RACE WHITE	5. DATE C	De BIRTH DAY 1908 FAR	6. AGE (IN YEARS LAST BIRTHDAY)  75  YR	
35	M	aryland	76. CITIZEN OF WHAT	MARRIE		9. BALTIMORE CITY OR COUN	VTY,
9	GI	TY OR TOWN OF DEATH JMBERLAND	SACRED HE	ART THOSPITA	OR OTHER INSTITUTION AL	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	G LIFE) 126 KIND OF BUS INDUSTRY HOME
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/	16c. V	AS DECEASED EVER IN U.S.		OCIAL SECURITY NO. 5 26 9798	17. INFORMANT ROBERT C. D	ADDRESS	Murphy N , MU.
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a	NCA.					YES NO	YES NO
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( A & A	3 SEX MALE			WHITE DEC.			DAY YEAR		6. AGE (IN YEARS LAS	YRS.	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.	
deorth.	M	RTHPLACE (STATE OR F COUNTRY)  ARYLAND		7b. CITIZEN OF WHAT COUNTRY? 8. MARK  U.S.A. WIDO'  11. NAME OF HOSPITAL, NURSING HOM					P BALTIMORE CIT	MD			
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	14. F/	WILLIAM		MIDDLE	UCKW ORT	H	15. MOTHER'S MAI		BELL		BINETT		
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certificate ding physicic orban paper or remaval.		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	Ď BY: TE CAUSE (a)	or AS A CONSEQUE	non	a of	Col	addy		APPROXI BETWEEN	MATE INTERVAL DINSET AND DEATH	
requires that the death certificate en signed by the ottending physici. Then please remave carban paper or to burial, cremation, or remaval. y injury, or other traumatic event, the		Conditions, if any, gave rise to improve (0), statin underlying cause	nediate ig the last	(b)	DR AS A CONSEQU	ENCE OF	rsto	nal	(all				
law requires i as been signe eermit. Then p ie prior to bur vs any injury.	CERTIFICATION	PART 2 OTHER SIGN			AS	0	NOT RELATED TO T		20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED OF DEATH?	
ICIAN: The g physicion profit of the restriction of		21a ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	HOUR A		AY YEAR	21c HOW INJURY	OCCURR	YES NO	-	PART I OR PART 2)	NO 🗌	
NG PHYS offer this of the burth and Me	MEDICAL	214 INJURY OCCURI	ORE []		OF INJURY IREET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCATION STREET		CITYO	RTOWN	COUNTY	STATE	
ATTENDIO cospital are ECTOR: A ed for use of, of Heali	!	220 I certify that (I) saw the decease abave, (I) (we 22b. SIGNATUR	ed alive	-	he deceased fram_ 30 19_ y after death.		nd that in (my) (aur)	opinian d	, ta	e date and ha	2		
PITAL OR by the h by the h lERAL DIR oe detache State Der ANT: If he		274 PHYSICAN'S N	1	2			ATTEN	IDING ICIAN [	MEDICAL S DIRECTOR PHY	TAFF SICIAN [	5/	184	
TO HOSPITAL TO FUNERAL should be dert with the Store	100			IGGLE,		NAME OF S	BMG, 912		ON DR., C	UMBERLA	AND, MD.	21502	
BP		BURIAL, CREMATION, (SPECIFY)  BURIAL  UNERAL DIRECTOR	KEMOVAL	MAY 3			R CEMOTER	RY.			TRAD'S SIGNAT	STATE	
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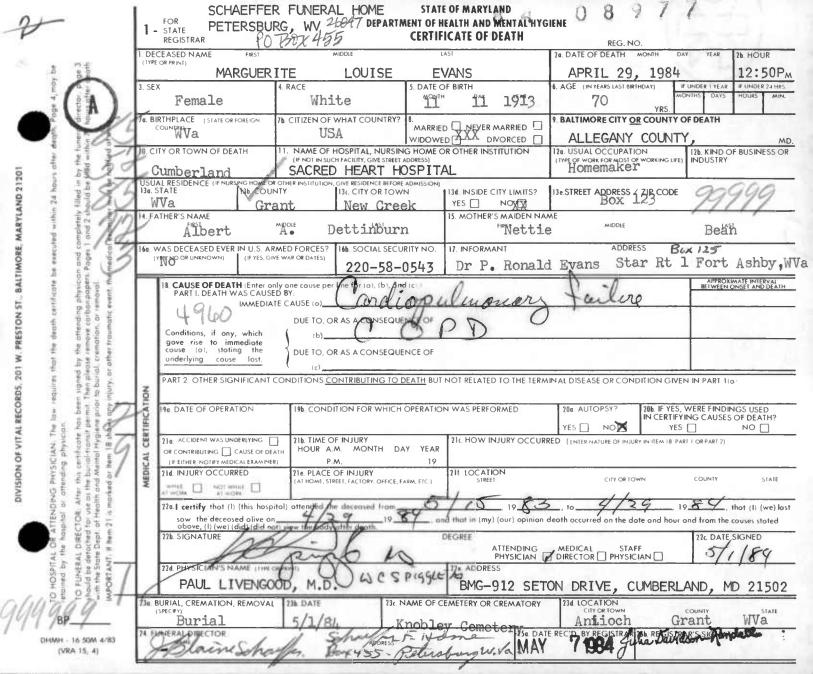
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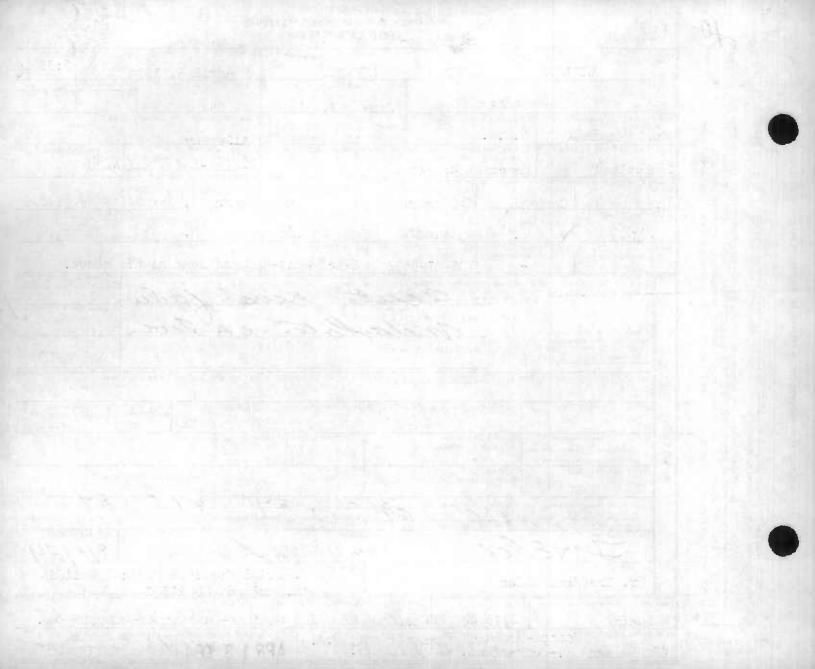
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3-3	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AF	GIENE 0 8 9 /	6	
(.)		CEASED NAME FIRST	WIDDIE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
( 2 A 2 )	(170)	CHARI	Es William	EVAL	us	4	11 84 м
	3. SE		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 00 c	1	male	white	4 O		80 yrs.	MONTHS DAYS HOURS MIN.
2 42 14/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED W NEV	ER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
1 1 16		Del.	U.S.A.	WIDOWED	DIVORCED [	Allegany	MD.
of the factor of		Cumberland,	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Allegany Coun	T ADDRESS)		12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L SALESMAN	12b. KIND OF BUSINESS OR INDUSTRY
54/47/	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)			71500
本書が重り	MA	RYLAND ALLE	GANY TROSTBU	RG YES X	E CITY LIMITS?	13e STREET ADDRESS / ZIP COD	ON ST.
主 章 //	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTH	ER'S MAIDEN NA	AME	
p 900 /0//	1 3		RANK EVAN	S	NNIE	BET.T.	LYONS
9 5 9 7	16g. \	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166. SOCIAL SEC			ADDRESS	10000
9 00 P	(	NO (IF YES GI	A. 216-01-	-7485 MRS.	DARLE	NE SECRIST. PE	TERSBURG. WV
# 0 mm + #		18. CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), o				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy movement			ED BY.  ATE CAUSE (O) Usem	nº a			
9 00 0 V		2.500	DUE TO, OR AS A CONSEQU				
free free free free free free free free		Conditions, if any, which	( b) CIMINA	a Vena	e Q	'sleed	
the of the other		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENICE OF	0		
by by l. cr.		underlying couse lost.	2 Diale	ter M	ellitus		
gned n plec burial		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
The to	N N	Interiorce	lesotic Hen	at Del	earl		
Priorio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
he lo	E	Carlotte III					FYING CAUSES OF DEATH?
hysicin ronsid Hygin	1	210. ACCIDENT WAS UNDERLYING		21c HOV	V INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
SICIAN ng ph certifu prial-tr ental l		OR CONTRIBUTING CAUSE OF DE		19			
PHYSIC(AN: ending physic this certifical the burial-tron and Mental Hy d or Item 18 19	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOC	ATION		COUNTY STATE
	\$	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) ST	REET	CITY OR TOWN	COUNTY STATE
ATTENDING or off or use or the off or use or the off or or			pital) attended the/deceased from,	.13 - 2	6 1989	10 4 -11	19 84, that (I) (we) last
TEN or or or or of He		saw the deceased alive of	9-1/19	89, and that in (	my) (our) opinion	death occurred on the date and ha	
~ 4 8 9 0 9		22b. SIGNATURE	at) view the body after death.	DEGREE			22c DATE SIGNED
the high plants of the plants		Malore tion	s / Name	a ma	ATTENDING	MEDICAL STAFF	U-11-90
PITA Stored	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADD	PHYSICIAN [	DIRECTOR PHYSICIAN	17 11 07
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TO HOSPITAL OI retained by the TO FUNERAL DI should be detach with the Stote De IMPORTANT: ##	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY	OD COEMATORY	123d LOCATION	Chopie
		BURTAT.	1 1			CITY OR TOWN	COUNTY STATE
BP		UNIERAL DIRECTOR VI	/4/13/84 RI	EST LAWN	MEM O	APDENS LAVALI	E ALLEGANY M
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(VKM 15, 4)		OUMERS FUNER	AL HOME FROS	TRURG		. 0	30 100

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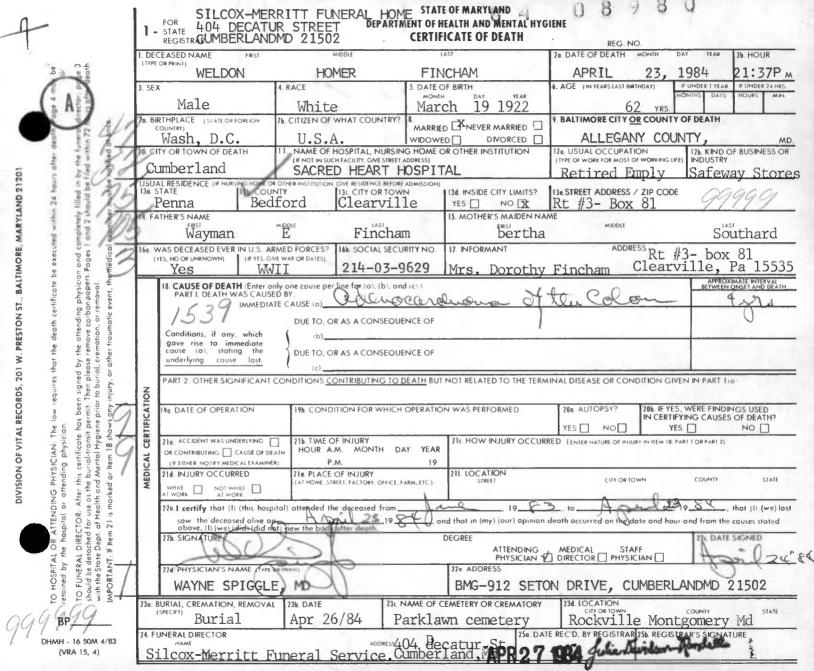
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DIVISION OF VITAL RECORDS

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ATTEMPT OF THE STATE OF THE STA STATE WASTERS TO THE STATE OF T x 2000 constant x contract of the building the track of the seed of the The writer than the second sec our rest in the load gapant, he says 1983 F year standard being

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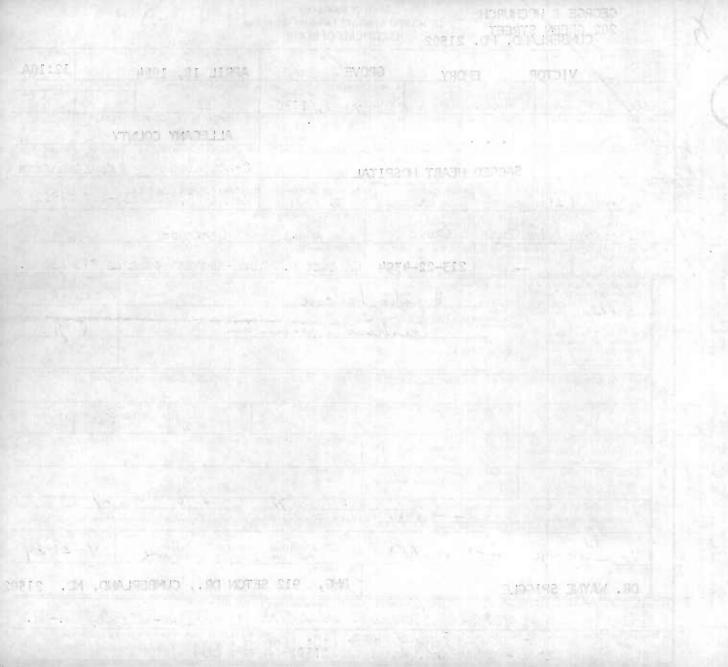
The state of the s - Market Land All 1898 3 1 898 3 1 898 APR 1896 All Landon Bridge

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 2a. DATE KNOWN X MONTH DAY (TYPE OR PRINT) OF ESTI-CHARLES Carl 2d. HOUR 4. RACE 6 AGE (IN YEARS IF UNDER 24 HRS DAY YEAR DATE LAST BIRTHDAY PRONOUNCED 2:00 White DEAD August 17,1920 63 YRS a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Allegany County Williamsport, Md. U. S. A. WIDOWED Y DIVORCED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Cumberland Assembler Aircraft Mfg Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Washington 13e. STREET ADDRESS Box 2 130 STATE Keedysville 13d. INSEDE CITY LIMITS? 21756 Maryl and 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ray Vernie Baker Gossard Frederick Denton ADDRESS 11 17 INFORMANT 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 11 W. Baltimore S Hagerstown, Md. PERMIT. PAGES 214-16-0997 Mrs. Mildred Shirley, No CAUSE OF DEATH (Enter anly one cause per line for (a), (b), ond (c).)
PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. (PRRTIAL) PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YESXX NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM FTC. CITY OR TOWN COUNTY WHILE AT WORK AT WORK 220. I certify that I took charge of the remains describe PART HALD Autopsy X Inspection and in my apinian Notural couses X death resulted fram: Suicide Undetermined manner Accident 4-11-84 **ACTUAL** DATE SIGNATURE MEDICAL EXAMINER 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY L-13-8L Rose Hill Cemetery Hagerstown, Wash. Co., Md. Burial BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** John H. Bast, Jr. Boonsboro, Md. 21713 wie Davidson Randall (VR A15 ME (5)) 20M 4/B2

Militersort, E. J. S. N. certs son f. (1 | Siller prod | Post of Street 1814-16-0999 Personality of Personal Bartel Later Hard Line all Jemeters reported to the Mil. No. 1861

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1		STATE 202 GREEN REGISTRAR CUMBER CEASED NAME FIRST		. 21502	L	AST	REG. NO 2a. DATE OF DEATH		YEAR	2h HOUR
m# /	(TYPE	VICT	TOR	EMORY	GR	OVE	APRIL 18,	1984		12:10
1	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	(HDAY)	FUNDER 1 YEAR	IF UNDER 24 H
5	N	lale	White	2	Aug	7, 1930	53	YRS.		
2 81		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIE	D A NEVER MARRIED	9. BALTIMORE CITY OF			
		laryland	U.S.A		WIDOWE		ALLEGAN			0.0000000000000000000000000000000000000
The man	1	ity of town of death	(IF NOT IN SU	HOSPITAL, NURSIF ICH FACILITY, GIVE STREET DHEART H	( ADDRESS)	OR OTHER INSTITUTION	(Type of work for most of Contractor	F WORKING LIFE)	INDUSTRY	of Business tructi
37/	USU.	AL RESIDENCE (IF NURSING HOM	NE OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIR CODE		01500
3	1	Maryland AL	legany	Cumberl		YES X NO	Route #5,	BOX 33	35-t /	21502
10/	14. F/	ATHER'S NAME FIRST	WIDDLE	_ LAST		15. MOTHER'S MAIDEN NAM	ME		LA	\ST
8/		Theodore	Lawrence	Grove		AGnes	Gertrud	le	Lo	pp
medico		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN)	ARMED FORCES?	166 SOCIAL SECT		17 INFORMANT	ADDRE	SS		2 1
S. ro	_	No		213-22-	4394_	Harriet D. Gr	Love-AVdress	some		
vol.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA		er line for (a), (b), ar	nd (cs.)	1 1	7-17-18		BETWEEN	MATE INTERVA
e a de			DIATE CAUSE (0)	Hy	alic	failure				tun
or o		3112	DUE TO, O	OR AS A CONSEQU	IENCE OF	-	1		-	
dun		Conditions, if any, which		4	why	m' , someres	uh			h
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al, crer			DUE TO, C	or as a consequ	IENCE OF	1-0				
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or to burial, crery injury, or other	NOIL	couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAL	DUE TO, C	CONTRIBUTING TO	DEATH BUT					
e prior to burial, crer ony injury, or other	FICATION	couse (a), stating the underlying couse last.	DUE TO, C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FIND	INGS USED S OF DEATH?
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: £	3. SEX		4. RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
rs of		Male	White	Apr	11 27, 1921	62 yrs.	
1		RTHPLACE (STATE OF FOREIGN )	76. CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
PE DO		West Virgini		WIDOW	ED DNORCED [	ALLEGANY COUN	
160	E	umberland	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE SACRED HEAR)	T HOSPIT		12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired	126 KIND OF BUSINESS C INDUSTRY  Coal Mine
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d 2 sh	14 FA	THER'S NAME			15. MOTHER'S MAIDEN	MIDDLE	1221
complete		Jonathan	E. Harri	son	Martha	A.	Buthher
Poges 1		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	
on ond os. Poges	,	res, no or unknown) (if yes, give	234-2	6-8100	Mary Harr	ison Rt 3 Rawl	ings, Md.
been signed by the attending rmit. Then please remove corb prior to buriol, cremation, or r	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  ONDITIONS CONTRIBUTING	EQUENCE OF		META-STATE TO ROW  RMINAL DISEASE OR CONDITION G  1200 AUTOPSY? 1200. IF Y	E
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hospital DIRECTOR. Ched for us Dept of Her Hern 21 is		22d PHYSICIAN'S NAME (TYPE O				MEDICAL BLOG CU	MRERIAND MD 21
DIRECTOR. Oched for us Dept of Her If Item 21 is	23a. F		MAN, M.D.	23c, NAME OF		MEDICAL BLDG, CU	MBERLAND MD 21

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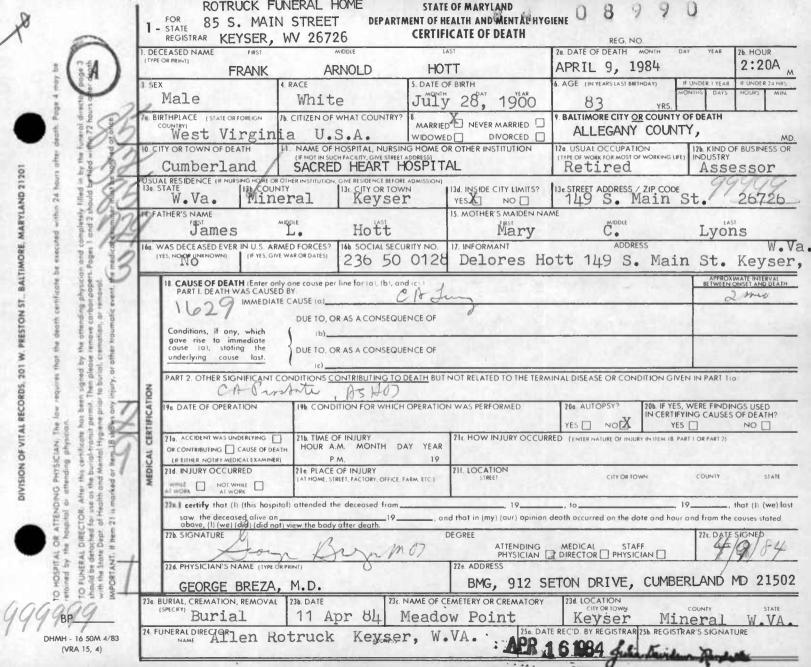
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( D)		CEASED NAME	FIRST		MIDDLE		AST		MONTH DAY	YEAR	2b. HOUR
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ge 4 me ector. o	3. SE	x Female	4	White		S. DATE OF BIRTH APPILL 17, 1984		6. AGE JIN YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN.
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by the further describing the further describ	1	10. CITY OR TOWN OF DEATH  Cumberland					12a. USUAL OCCUPATIO	12b. KIND OF INDUSTRY	OF BUSINESS OR		
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within within ad 2 sh	34 F.	ATHER'S NAME Harold L. Hartman					15. MOTHER'S MAIDEN NAM	AE MIDDLET	r)	aylői	
d comp	16a \	WAS DECEASED EVER I		D FORCES?	16b. SOCIAL SECUI	OIA VIII	17. INFORMANT	ADDRE		ayıoı	r.
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he low o	CERTIFICATION	19g. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	IGS USED OF DEATH?
Brysic of physics of p		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED {ENTER NATURE OF INJUR	Y IN ITEM 1B PART	OR PART 2)	
offer this of the	MEDICAL	21d INJURY OCCURRI	E	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC )	211. LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
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PITAL O by the ERAL DI c despot State De		22d. PHYSICIAN'S NA	1	em	A. A.	and the same of th	ATTENDING PHYSICIAN	MEDICAL STAF		4-11	7-84
O HOSP Floring of TO FUNE MPORTA		DR. BOY	D Z. G	ABA, M			919 SETON DR		LAND, I	MD. 2	21502
1499 BP_9		BURIAL, CREMATION, R (SPECKY) Burial	EMOVAL	236. DATE 21 Ap	01		on Cemetery	23d. LOCATION CITY OR TOWN Keyser			W. VA.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	EN ROS	TRUCK	KEYSER		25g. D-ATE	REC'D. BY REGISTRAR 2	5b. REGISTRAR	r's signatu	JRE

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MORE,	Poges 1		VAS DECEASED EVER IN U.S. AR. (15, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	215-26-		JAME		IIT C	ADDRESS (	503 H	ENDE 502	RSON	1 AVI
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician.	ias been signed by the attending physicic permit. Then please remove carbon paper ng prior to burial, cremation, ar remaval. wany injury, ar other traumatic event, the	CERTIFICATION	PART I. DEATH WAS CAUSE  DODE  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	The course per lipe for (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c					Differentiated)				IGS USED	H?
F VITAL	transit I Hygis I Basha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF	FINJURY M. MONTH DA	AY YEAR	21¢ HOW IN	JURY OCCURR	RED (ENTER NATUR	E OF INJURY IN	YES [	1 OR PART 2)		
NG PHYSICI attending p	After this certifica se as the buriol-trai olth and Mental Hy marked or Item 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C		ARM, ETC.)	211 LOCATION STREET		(	ITY OR TOWN		COUNTY	ST.	ATE
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R ATTI	d for		sow the deceased alive an above, (1) (we) (did) (did no	ew/he body	ofter death.		EGREE	(our) opinion o	death accurred a	in the dote o	and nour or	22c DATE		red
At OR	AL DIRECTOR DIRECTOR DIRECTOR DEPT.		22b. SIGNATURE	Vag	onel/	m		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIAN		42	17-8	9
HOSPIT	TO FUNERAL E should be deto with the Stote E IMPORTANT: If		GARY L. WAG		D.		925 E		VALSH RO	AD. C	UMBER	LANDME	215	02
₽ ĕ BP			URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	APRIL	70161			CREMATORY	23d. LOCATION	NC	AND A	OUNTY		ATE
DHMH -	16 50M 4/83 RA 15, 4)	24 FL	INERAL DIRECTOR  NAME  II.COX-MERRIT	r Funes	AI SERV	IN/I D		Y	E REC'D BY REC	ISTRAR 756.	REGISTRA	SIGNAT	JRE	1111
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	1		REGISTRAR GRANTSV	•	21536	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N			
45	0.		EASED NAME FIRST OR PRINT)		DDIE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
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e E	d La	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF	ONTHS DAYS	HOURS MIN
90	ors o	/	Male		nite	Nov	. 8, 1914 ear	69	YRS.		
leath. Po	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  O. CITY OR TOWN OF DEATH  Lumberland			USA	VHAT COUNTRY?	WIDOWE		9, BALTIMORE CITY OF ALLEGANY	-		
s after o				(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET DHEART I	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Truck Driv	OF WORKING LIFE)	INDUSTRY	FBUSINESS O
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ie low requires that t	hos been signed by the permit. Then please in an epiriar to burial, are twee gapy injury, or other	IFICATION	underlying cause last.	AS HO		DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
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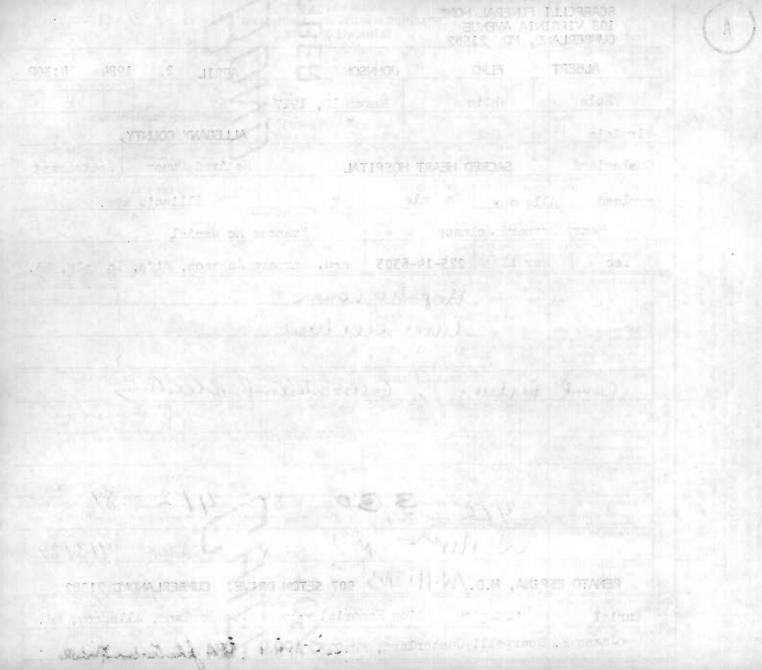
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	3. SE		4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
director.	1	Male	White	March 1	1917	67	YRS.	MONTHS, DAYS	HOURS MIN.
2 hou		RTHPLACE { STATE OR FOREK	76 CITIZEN OF WHA	COUNTRY? 8	VER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
thin 72 t		Virginia	USA	WIDOWED	DIVORCED [	ALLEGANY			M
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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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carpelli	FOR 1 - STATE REGISTRAR	Alpha Line	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	96
	1. DECE ASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MON	11:3
	EMMA	VESTA VESTA	JONES Is DATE OF BIRTH	April 11, 1	
	Female	White	Jan. 3, 1894	90	MONTHS DAYS HOURS MIN.
neral na 72	76. BIRTHPLACE (STATE ORFOREIGN West Virginia	76 CITIZEN OF WHAT COUNTRY USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		egany MD.
oy the fu	Cumberland	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOSL OF WO HOUSEWITE	PRKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY IN Own Home
MARYLAND 21201 red within 24 hours and 2 should be file examine reduche to	USUAL RESIDENCE (IF NURSING HOW 130. STATE 13b. CO	te or other institution, give residence bero cunty 13c. City or to legany Cumber.	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS?	110 North	Cedar St. 21502
scuted with	Georg	e Mc Kenney	Inez l	Fisher	LAST
BALTIMORE, cote be execu-	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GOVE WAR OR DATES)		d Grace Garlitz	Daughter z, Cumberland, Md.
(DS, 201 W. PRESTON ST., aquires that the death certification by the attending pt. Then please remake carbang to burial, cremation, or remaining, or cemains, or cemains, or cemains.	Conditions, if any, which gave rise to immediate cause to storing the imdestying cause last PART 2. OTHER SIGNIFICAL	DIATE CAUSE (6)	LENCIA SCVI)  A BULLOU  D DIATH BUT NOT RELATED TO THE TE	rminal disease or condition	ON GIVEN IN PART I 10
he low re on. has been to permit. The permit. The permit.	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \( \bigcap \) NO \( \bigcap \)
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R ATTENDI haspital or IRECTOR: A red for use ept of Heal	WHEE AT WORK  278.1 certify the defeated of above, (1) 461 (did 1).  278. SIGNAPORE  278. SIGNAPORE	copiling to the body after depth.	1/4W/30 19 G		, that (1) (we) lost and hour and from the causes stated
TO HOSPITAL O retoined by the TO FUNERAL D should be detact with the State D IMPORTANT. If I	Dr. Terry		PHYSICIAN 220. ADDRESS Mem Cum	orial Hospital berland, MD 2	
BP	230 BURIAL, CREMATION, REMO	VAL 236. DATE 4-14-1984 236	NAME OF CEMETERY OR CREMATOR Sunset Memorial Pa	ark Cumberland	
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME James F	. Scarpellicumber	rland, Md. 21502	DATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE

So remark the present of the lettered themself the letter. MANUFACTURE OF THE STATE OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 1. DECEASED NAME CECTL (TYPE OR PRINT) RICHARD JOYCE April 2, 1984 & AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5 DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS 3. SEX MONTH YEAR Male White 18 April 1912 70 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED COUNTRYS Virginia USA Allegany WIDOWED | DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OF Dredging C60 Memorial Hospital & Medical Center Cumberland Retired Supt. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN
Old town 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Allegany Route 1. Box 417A NO 3 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST Aubrev Joyce Sara Jane Plaster 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO QRUNKNOWN) (IF YES, GIVE WAR OR DATES) 213-03-1132 Mrs. Susan Joyce. Oldtown. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one coult line for tob (b), and ( PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO WELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 27s.1 certify that (I) (this hospital) altended the deceased from and that in (my) our) apinian death accurred an the date and hour and from the causes stated 374 SIGNAHURI DEGREE 22c. DATE SIGNED ATTENDING A MEDICAL STAFF should be deto with the State [ DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME THE PART 22e ADDRESS Medical Bldg., Memorial Hosp.&Med.Center Inc. Cumberland, MD 21502 W. Guy Fiscus. 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Davis Memorial Cem. 4-5-1984 Cumberland, Allegany, Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S DHMH - 16 50M 4/83 James F. Scarpelli, Cumberland, Md. 2150

(VRA 15, 4)

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CAL EXAMINEE: T THE CERTIFICATE, SHOULD BE FORM RAL DIRECTOR: P STH. WITH THE ST RE. MARYLAND, 2		22a I certify the death resulted fro ACTUAL SIGNATURE		rol couses X,	scribed obove, held an Accident , Suicident , Suicident	Autopsy de	Hamicide	Undetermin	ed manner .	DATE SIGNED	26-
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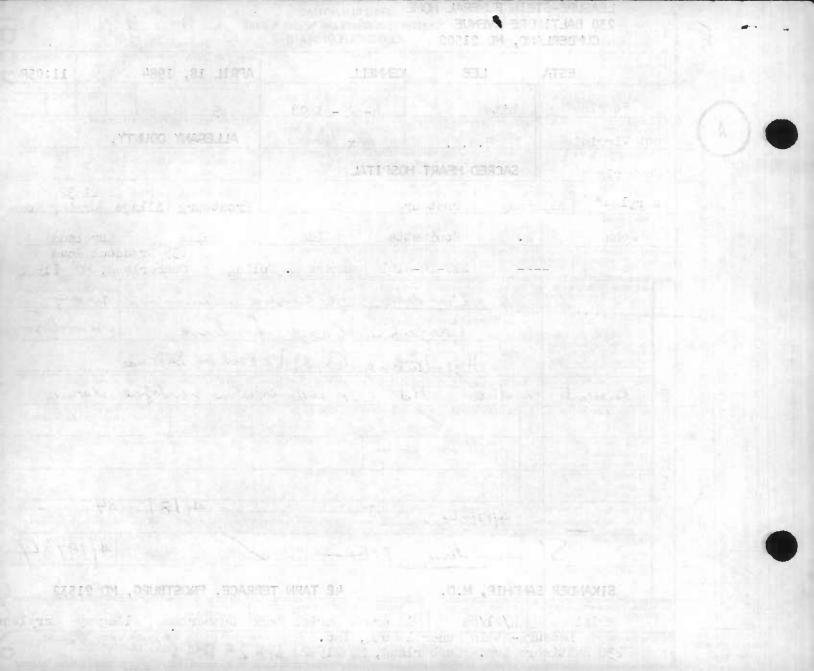
Male Mate Arr. 12,1918 66

.A.S.U Snglynnl William La Dilyer Truesland Troutburg / lity Cantor Street

Dentem Memoran . Ja mayo Lei Nos W.W. 2 1: 801-8019 Bloshed E. Lalveste, Fronthurs, No.

> Burni nor. 251th Hocky Capatot. Com. Grandlund, ad. EMAR LANGER LORD, L'ESTEURS, MANY ET ESTE Mantemanion fon fable

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Poges 1		AS DECEASED EVE ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	217-10-6		17. INFORMANT Sandra R. E	Poling		raddock I rland, M	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Denver Ketterman DEATH MATED Apr 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS. . SEX DATE Dec. 19, 1899 84 IRTHDAY PRONOUNCED White Male DEAD Apr. 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Allegany Va. WIDOWED DIVORCED 3. RETAIN PAGE 5 2 SHOULD BE FILED. AL RECORDS, 201 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 2 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Ret Farmer Self-empdoy Flintstone 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21530 Allegany YES MD Flintstone Box PAGES 1, 2, A FORM PM 3. I ES 1 AND 2 SH ON OF WITALR 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Alton (Unknown) Ketterman Laura PAGES 1 AN IN THE.
ALONG WITH PAGES 1
ASTERMIT, PAGES 1
THE DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 21502 16b. SOCIAL SECURITY NO **ADDRESS** IYES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) 217-42-6597 No Cumberland, MD Geneva LaGratta APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH AS A BURIAL - TRANSIT PERMI' SALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Disease .-Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In ED AS A E CERTIFICATION USED / 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF IN FUNKAL BLACKS SHOULD BE USED AFTER DETHY WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOS TO BURIAL, YES [] NO X 21a. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Francisco Reves (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY) COUNTY STATE Burial Apr.10.1984 Oakdale Cemetery Bedford Penna. Clearville BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE A 24. FUNERAL DIRECTOR **DHMH-17** WWlliam G. Kight cumberland, Md. (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MONTH 76 HOUR TYPE OR PRINTI CHARLES KREGERXX KREIGER WILLIAM April 14, 1984 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 3 SEX MONTH Male Nov. 10, 1900 White

11:24 IF LINDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Allegany Pennsylvania WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Memorial Hospital & Medical Center r Retired Boilermaker-Railroad Cumberland USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13L COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Allegany Cumberland Lexington 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME George A. Kreiger Rachel Shuman 17. INFORMANT 14s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO HE HE'S DIVE WAR DRIBATED I'HS, NO OR UNENOWNS 214-05-9107 Mrs. Cecelia Kreiger, Cumberland, Md. Wife no PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE III gave rise to immediate couse (a) stating ONSFOURNICE underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 71n ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27x I certify that (I) (the (our) opinion death occurred on the date and hour and Irom the causes stated 776 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 77d. PHYSICIAN'S NAME ITEM COMMITTEE Memorial Hospital Medical Building Cumberland, Maryland 21502 Dr. Guy Fiscus

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT:

730. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR James F. Scarpelli comberland. Md.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION Cumberland, Allegany. Sunset Memorial Park

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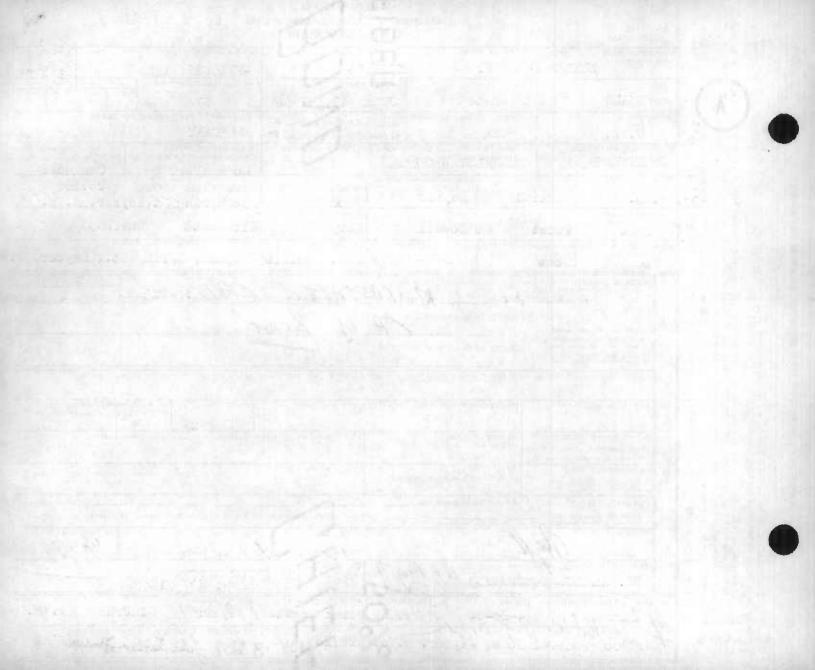
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ST/JE OF MARYLAND DEPARTMENT THEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2a. DATE KNOWN (THE CHARMIT) ESTI-DEATH MATED Henry L00 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 1084 Whito DEAD Male YRS 1900 CITIZEN OF WHAT COUNTRY? S BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Maruland WIDOWED DIVORCED Allegany CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Cleveland Avenue Cumberland Electrician Colanoso USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3g. STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS. YES K Cumberlabno NO [ 787 Clouland Avenue Manuland APPODANI 1 21502 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Clarkson Isabelle 00 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. ADDRESS 11 Overlook Ave. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-10-5324 Annahelle lann Rollin . Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ARTMENT OF HI FOR TO BURIAL YES | NO DA 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 1 d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY NOT WHILE AT WORK TO FUNERAL DIRECTOR: PAGE Inspection X 22a. I certify that I taok charge of the remains described above, held on Autapsy Inquiry and in my opinion death resulted fram: Natural causes Hamicide Undetermined manner ACTUAL EXAMINER'S NAME ETON DRIVE AFTER ! (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Sunset MEmorial Park Cumberland-Allegany 24. FUNERAL DIRECTOR George-Upchyrch Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR **DHMH-17** 202 Greene Street-Cumberland, Maryland 21502 (VR A15 ME (5)) 15M2/80

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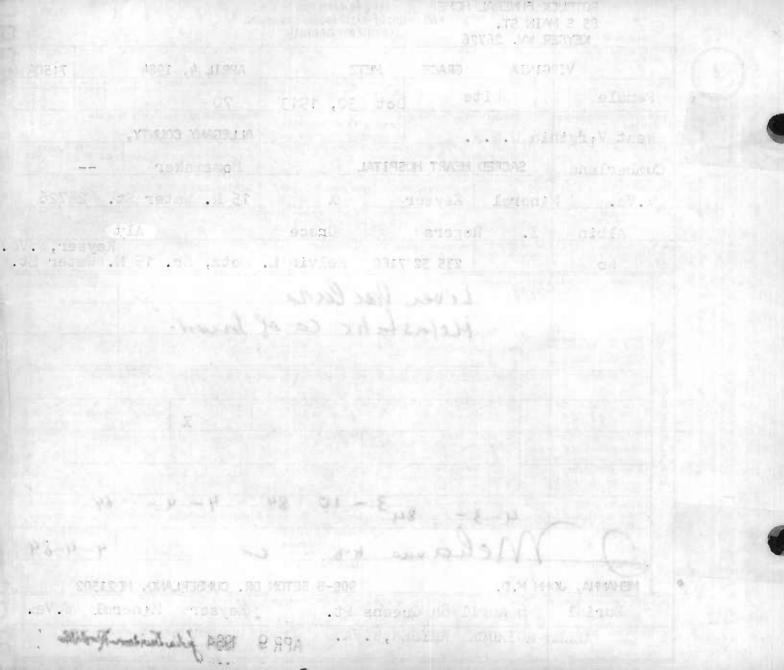


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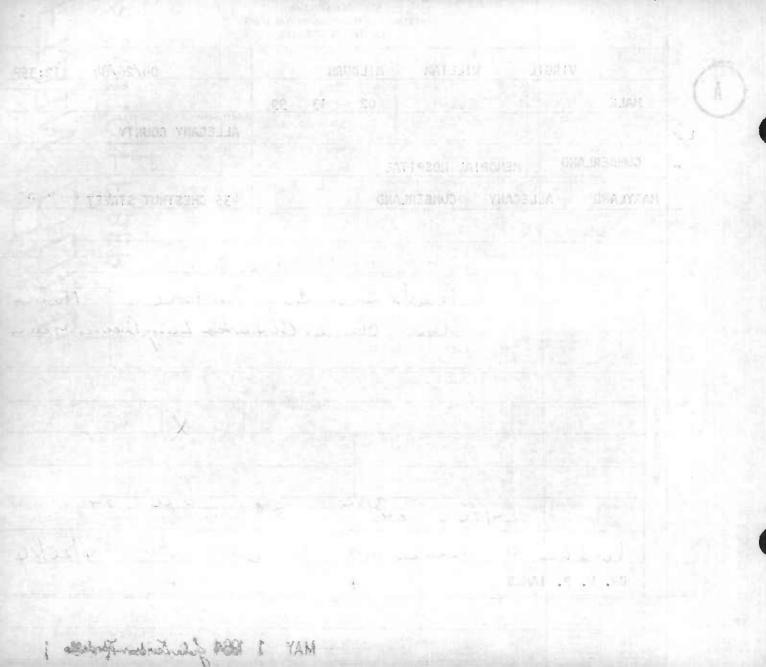
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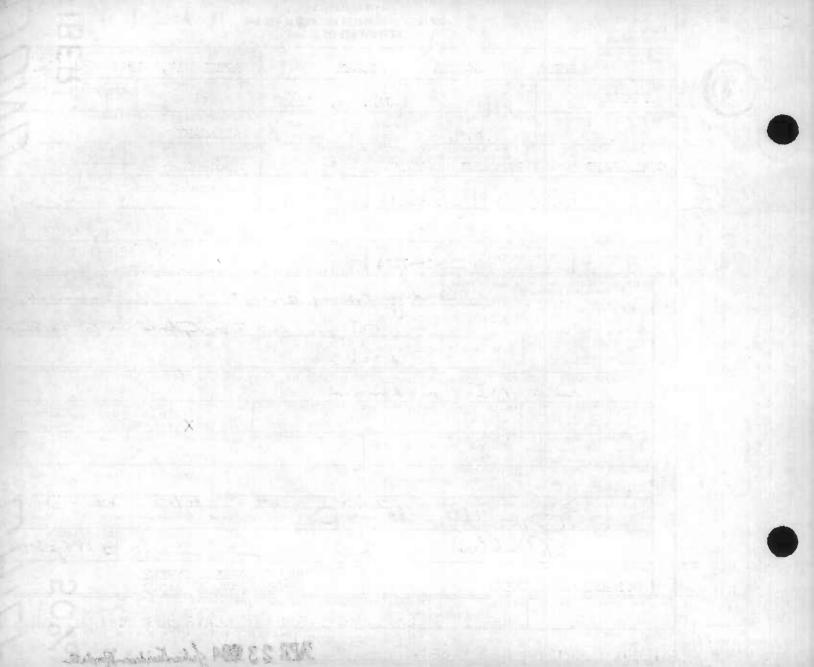
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Ö	been mit. T	¥	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	IDINGS USED
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۵	Africa Af		22a I certify that (I) (this has	oital) attended t	he deceased from _	3	- 10, 1984	to 4 4	19 84	_, that (I) (we) last
	priorition of H		sow the deceased alive a	n	7 - 19 8	4 . 01	nd that in (my) (aur) apinion	death occurred on the dat	e and hour and from	the causes stated
	hos hos hos hed ept.		22b. SUSTINURE	ΛΛ	//		DEGREE			ATE SIGNED
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L		1 -	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		0' 9 U	1 3			
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	e A	3 SE)	MALE	4 RACE Whi	to	5 DATE (		AR	GE (IN YEARS LAST BIRTHI	MONTHS DAYS			
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DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 2120	equires that the death certificate is goned by the attending physici. Then please remove carbanpaper to burial, cremation, ar removal. niury, ar ather traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, O  DUE TO, O  DUE TO, O  CC  (c)	R AS A CONSEQUE	NCE OF	CELLED TO THE	Define E TERMINAL	den Luc des Luc	UITION GIVEN IN PART 1	years		
AL RECOR	on.  hos beer prior permit.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	,	YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES			
OF VII	HYSICIAN: The ding physicia is certificate burial-transit Mental Hygis pr them 18 shape		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	DE INJURY M. MONTH DA M.	Y YEAR	21t. HOW INJURY O	OCCURRED	(ENTER NATURE OF INJURY	( IN ITEM 18, PART 1 OR PART 2)			
IVISION	PHY:	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	V COUNTY	STATE		
•			220. I certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no	4/2	19.8	313	, 19 and that in (my) (aur) of	pinion deat	tata	te and haur and from th	, that (1) (we) last e causes stated		
	TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He WAPORTANT: If them 21 is		226. SIGNATURE  220 PHYSICIAN'S NAME (TYPE O  DR. W. P. IA		leen	w	DEGREE  ATTEND PHYSIC  122. ADDRESS  4-41 N. Cen	IAN ED	EDICAL STAFF		20184		
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ond co	100	YES NO OR UNKNOWN) I LIF YES, G	IVE WAR OR DATES							2122	
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n. n. or equires that the death certificate b. n. os been signed by the attending physicio permit. Then please remove corbanpapers ne prior to buriol, cremotion, or removal. ws any injury, or other traumatic event, the	CERTIFICATION	couse (o), stoting the underlying couse lost.  PART OTHER SIGNIFICANT  19a. DATE OF OPERATION	CONDITIONS COPD	CONTRIBUTING TO DE	DEATH BUT	Aue	Ceu	200 AUTOPSY?	20b. IF YES, N IN CERTIFY II	WERE FINDING NG CAUSES (	GS USED OF DEATH?
The horse	- E	71a. ACCIDENT WAS UNDERLYING	71h TIAAF	OF INJURY		121, HOW IN	IIIIPY OCCUP	YES NO	YES IN DESIGN		NO 🗌
DING PHYSICIAN: The or offending physicion or offending physicion after this certificate he so the buriol-fronsit, oith and Mental Hygie marked or Item 18 sho		OR CONTRIBUTING CAUSE OF DE	HOUR	A.M. MONTH DA			JOHN OCCOR	(ENTER MATORE OF INJUR	I IN TEM TO PART	( TOKPART 2)	
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F G F 4 0 C		obove, (I) (we) (did) (did a	ot) wew the bo	dy ofter death.	7		((our) opinion	deoin occurred on the de	ne ond noor o		
the hosp the hosp AL DIRECT etoched to the Dept.		226. SIGNATURE	eeuA	Nallw	7		ATTENDING PHYSICIAN	MEDICAL STAF		The DATES	184
TO HOSPITAL OR A retained by the has TO FUNERAL DIRECTOR Should be detached with the Store Dept.	1	Dr. James Ray	0410	un Aled	lo	22e ADDRES	SS	rial Hospita erland, Mary		ical Bu	ilding
5 € 5 € ¥ ₹		BURIAL, CREMATION, REMOVA	L 72h DATE	23€, №	NAME OF C	METERY OR	CREMATORY	23d. LOCATION			
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HMH - 16 50M 4/83		UNERAL DIRECTOR			21	225	25a. DA1	Glen Burr E REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNATU	RE
(VRA 15, 4)	G	eorge J. Gonce	4001	Ritchie Ha	wv Ba	Ito. N	AP AP	R 4 10R4	Lulia Das	vidson-R	indelle

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James F. Scarpelli, Gumberland, Md.

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE

CERTIFICATE OF DEATH

HOUR 1:45

IF UNDER 24 HRS

126. KIND OF BUSINESS OR

In Own Home

NO [

STATE

IF UNDER 1 YEAR

INDUSTRY

YES [

17 984 Julie Verdon Bordell

COUNTY

22c. DATE SIGNED

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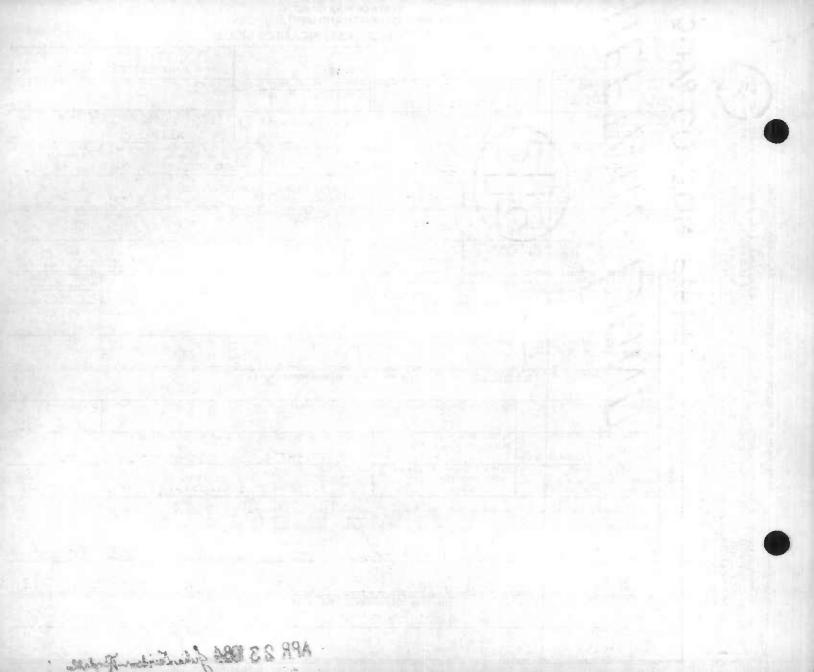
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI W. Peer Homer DEATH MATED 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 67 BIRTHDAY IF UNDER 24 HRS 2d HOUR Oct. 14, 1916 PRONOUNCED April 14 Male White DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED USA Allegany Maryland WIDOWED [ DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Retired Laborer Railroad Cumberland USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 220 Oal Allegany Cumberland Maryland YES X NO F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ida Hott Elias W. Peer 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Foleda Peer, Cumberland, Md. 214-07-4285 Yes War II APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriolosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION FORWARDED TO THE CHIEF A TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BORIAL, C 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AI, 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 2) PLACE OF INJURY (AT HOME 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Notural couses Hamicide Undetermined manner 4-14-1984 ACTUAL Deputy DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dr. Giovanni Mastrangelo MD Sacred Heart Hospital, Cumberland, Md (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 4-17-1984 Restlawn Memorial Gardens LaVale, Allegany, Md. 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR James F. Scarperfis.Cumberland, Md. **DHMH-17** (VR A15 ME (5)) 15M 2/80

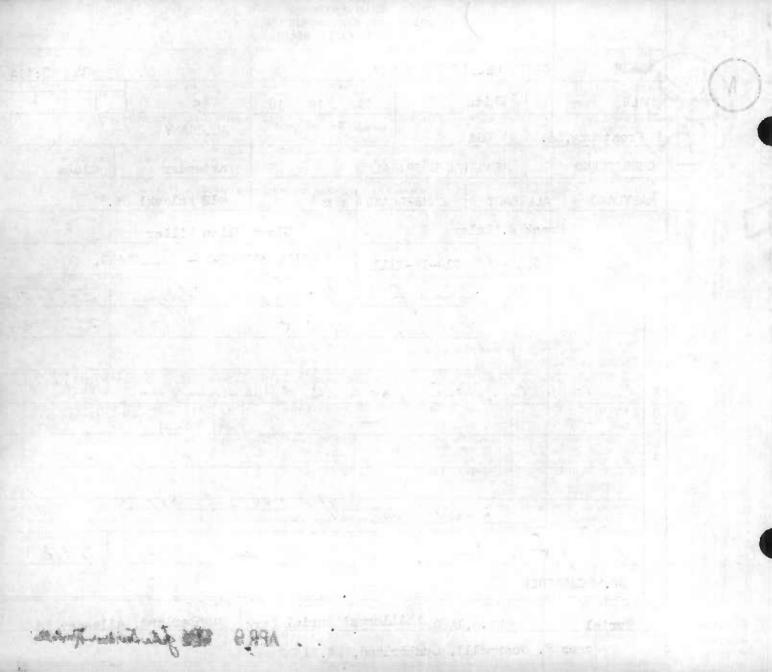
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE . DECEASED NAME 20. DATE KNOWN X TYPE OR PRINTS ESTI-Steven DEATH MATED April Pownall Eugene SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAYS PRONOUNCED Male White 16, 1962 Aug. DEAD 7b. CITIZEN OF WHAT COUNTRY? a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Y FOREIGN COUNTRYS U.S.A. Maryland WIDOWED DIVORCED Allegany ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Laborer Memorial Hospital Cumberland 30. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Hampshire Springfield WV NO TX YES -Rural 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wagoner Richard Pownall Agnes J. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 235-08-4267 Agnes J. Parsons. Springfield, WV 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Self-inflected gunshot wound to head 24 hrs DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 [0] 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES E 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED FENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 25 9 UNDERLYING OR HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH Self-inflicted gunshot wound to head P.M. 4-15 199 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN STATE Home Springfield Inspection 220 I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Suicide XX Natural causes Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE CI PAGE 4 SHOUL TO FUNERALD AFTER DEATH, V 4-16-84 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 900 Seton Drive, Cumberland, MD 21502 Giovanni Mastrangelo, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY) COUNTY STATE Burial Springfield Hill 4/19/84 Springfield WV Hampshire 24 FUNERAL DIRECTOR Keith S. Shaffer 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Shaffer Funeral Home, Romney, WV VR A15 ME (5) 15M 2/80



The state of the s	1.	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAE CICATE OF DEATH	HYGIENE	0 9	0 2	2	
		CEASED NAME OR PRINT)	FIRST ROBE		INGTON R		AST	20 C	ATE OF DEATH	MONTH 04	DAY YEAR  03 84	26. HOUR 8:11AM
A	3. SE	x ALE		4 RACE White		S. DATE	DF BIRTH H DAY YEAR 19 18		E (IN YEARS LAST BI	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
Monday by Market	C	RTHPLACE ASTATE OR FORI OUNTRY) Frostburg, M		76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOW	D NEVER MARRIED  DIVORCED	□ 9 BA	ALLEGAN		Y OF DEATH	MD.
Of the last of the		ITY OR TOWN OF DEAT	Н	11. NAME OF I	HOSPITAL, NURS THE FACILITY, GIVE STREET TAL HOSP	NG HOME (TADDRESS)	OTHER INSTITUTION	(TYPE	USUAL OCCUPA OF WORK FOR MOST Bartende	OF WORKING L	126. KIND O INDUSTRY Club	F BUSINESS OR
AND 212 1.24 hours filled in could be fractibe	13a S	AL RESIDENCE (IF NURSIN STATE ARYLAND	36 COUN		GIVE RESIDENCE BEFO	WN	13d. INSIDE CITY LIMITS	S?   13e S	STREET ADDRESS 412 Pul	aski S	st. 215	502
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TIMORE, MA		VAS DECEASED EVER IN YES, NO OR UNKNOWN) (	IF YES, GIVE	MED FORCES? E WAR OR DATES)	214-16-		17 INFORMANT MEMORIAL	HOSPI	TAL - C		AND, MD	
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	23a E	BURIAL, CREMATION, RE	MOVAL				EMETERY OR CREMATO		d. LOCATION		COUNTY	STATE
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DHMH - 16 50M 1/76 (VR A 15 (4))		NAME James	F. :	Scarpell	Li, Cumb	erland	, Md.21502	n.n.	0	7		

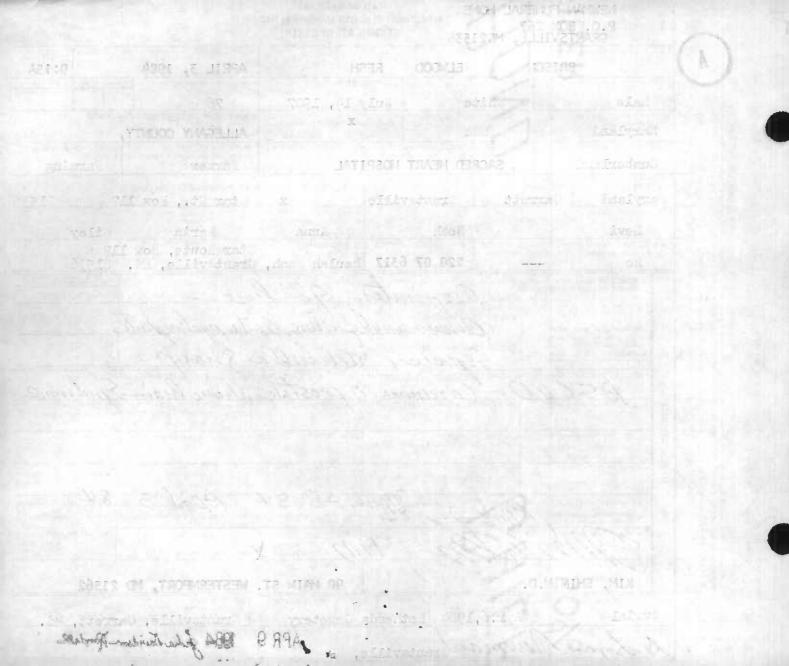


FOR DEPARTMENT OF HEALTH AND WENT ALTHYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 28. DATE OF DEATH MONTH DAY YEAR 2b. HOUR HOWARD JEROME. RECKLEY 84 4 RACE SEX. 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR HOURS MALE WHITE a. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Maryland Allegany WIDOWED Q CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Machinist & Minister-Railroad (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CUMBERI AND MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 186 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS WILEY FORD Box 60 YES TY NO [ & FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Myrtle A. Brinkman Alvey J. Reckley 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 703-07-9029 Mrs. Florice A. Reckley, Wiley Ford, W. Va. Yes War II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to YOCARDIAL INFARCTION Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21e PLACE OF INILIRY 21d IN JURY OCCURRED 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 220 | certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death \_\_\_, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 77h SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Memorial Hospital Medical Building Cumberland, Maryland 21502 Dr. N. Ranjithan 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION (SPECIFY) Rocky Gap Veteran Cem. 4-18-1984 Near Flintstone, Alleg. Md. Buria] 24. FUNERAL DIRECTOR DHMH - 16-50M 1/76 NAME James F. Scarpelli, Cumberland, Md. 21502 (VRA 15 (4))

STATE OF MARYLAND

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		REGISTRAGRANTS	st	1536 MIDDLE	LAST	20. DATE OF DEATH MONT		26. HOUR
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m d d	3. SEX		4. RACE		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR
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P Podi		RTHPLACE   STATE OR FOREIC	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MARR	9. BALTIMORE CITY OR CO		
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Pon pon	USUA	TATE 136	ONE OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE	ADMISSION) 1 13d. INSIDE CITY LI	MITS? 13e STREET ADDRESS / ZIP	CODE	
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L OR ATTENDING PHYSICIAN: The Ic the hospital or attending physician.  DIRECTOR: After this certificate has tached for use as the burial-transit per Dept. of Health and Mental Hygene If Item 21 is marked or Item 18 shows.	WEDICAL 239. 8	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK 10 HOTEL 10 HOTEL 10 HOTEL 11 HOTEL	AMINER)  21e PLACE (AI HOME. S  boupling the body  the not vive the body  M. D.	P.M. OF INJURY REET, FACTORY, OFFICE, FA M. deceased from	ond that in (my) (our)  DEGREE  ATIEN PHYS  276. ADDRESS	opinion death occurred on the dote o	nd hour ond from the	that (I) (we) causes stated SIGNED



	_	REGISTRAR CUMBERLA	AND, MD.	21502		ICATE OF DEATH	REG. N			
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D of	3. SE)	(	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
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should be detoo with the State D MPORTANT: If		SCHMITT, F		M. D.		900 SETON	DRIVE, CUMB	ERLA	ND, MD.	21502
F # 3 \$	23a. E	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	SJATE
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		INERAL DIRECTOR GEORG				0 1	TE REC'D. BY REGISTRAR			

Acet series SACRED LIFERT HOSPITAL SOU RELIGHT CRIME, COMBRETAND, Mr. 21202 SOFTE, NICHARD M. D.

(VRA 15, 4)

STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	10.	900	28/
		CEASED NAME	FIRST		WIDDIE		AST	20. DATE OF DEATH	MONTH D		2b. HOUR
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05	7n. BI	RTHPLACE (STATE COUNTRY) Virgi	nia //	USA	what country?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY	OF DEATH	
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35	13a. S	at RESIDENCE (# N STATE aryland	13b. COUNT Alle	Υ	GIVE RESIDENCE BEFORE 13. CITY OR TOW Cumberl	N _	13d INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 240 Bond		218	50%
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t permit. The	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH
he burial-trans nd Mental Hyg d ar Hem 18 sh	MEDICAL CER	21a, ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M 21d. INJURY OCC	CAUSE OF DEATH	P. 21e. PLACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	19	21c. HOW INJURY OCCUP 21f. LOCATION STREET	RRED (ENTER NATURE OF INJ		COUNTY	STA
d for use as the form of Health a m 21 is marke		22a.1 certify that saw the deco	WORK	4	deceased from1919	04	nd that in my) (aur) aprinich	death occurred on the c	dote and hour	-	that U (we
State Dep		22b. SIGNATURE	SU.	Leut	Ara	w		MEDICAL STA	CIAN 🗌	17. DATY	4/8
ORTA		Dr. Sahn					riemor	ial Hospita		Bldg.	
2 4 4 A		Dr. Dalli	Machall				L Cumbe	erland, MD 2	1707		

BP.

DHMH - 16 50M 4/B3 (VRA 15, 4)

(SPECIFY) 4-16-1984 Burial 24 FUNERAL DIRECTOR NAME James F. Scarpelli

236. DATE

230. BURIAL, CREMATION, REMOVAL

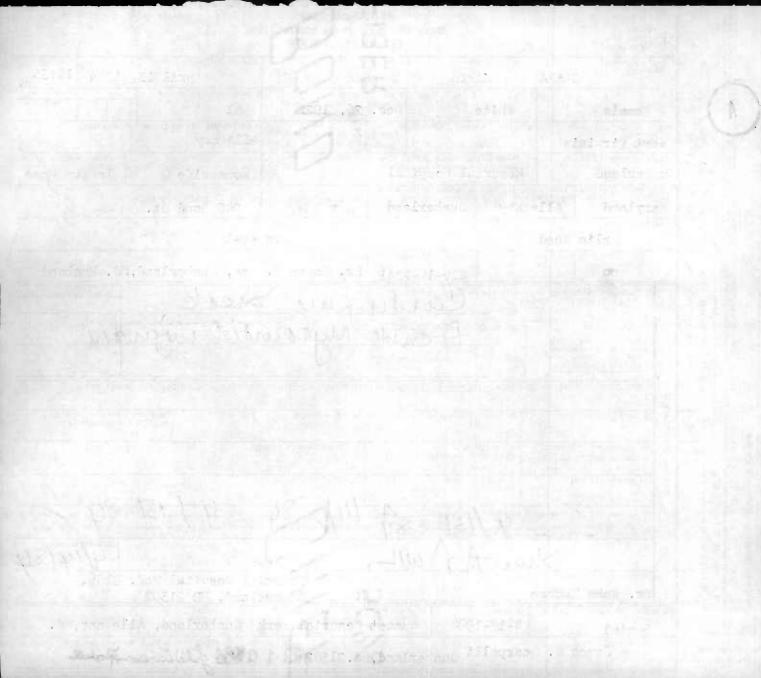
23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

Cumberland, MD 21502 23d LOCATION

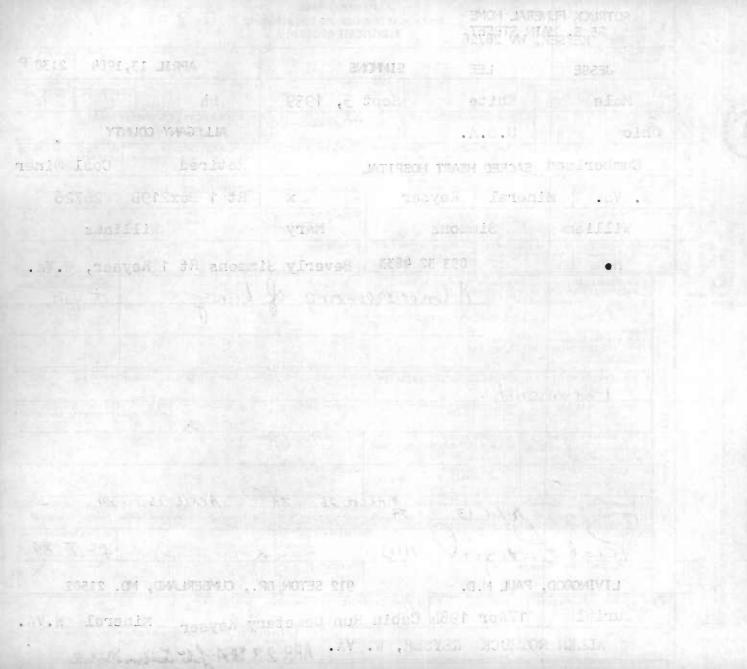
CumberTand, Allegany, Md. SIATE

that Ur (we) last

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cumberland, Nd. 2150 APR



8	1-	FOR ROTRUCK FUNE STATE REGISTRAR 85 KEYSER,	RAL HOME N STREET	DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 0 9		9	
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00 72	70. BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.	WHAT COUNTRY?	8. MARRIEI WIDOWE	DEVER MARRIED DIVORCED	9. BALTIMORE CITY OF ALLEGAN	_		, MD.
172	i0,ci	TY OR TOWN OF DEATH  Cumberland	(IF NOT IN SUC	HOSPITAL, NURSIN HEART HOS	ADDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPATION OF RETIPED		INIDIISTRY	Miner Miner
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maky.	M FA	THER'S NAME William	MIDDLE Sil	mmons		15. MOTHER'S MAIDEN NAM	MIDDLE		iams	
BALTIMORE, cate be execut apers. Pages I wal.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO.	MED FORCES? E WAR OR DATES)	053 32 L		Beverly Si	mmons Rt			W.Va.
+ 4000		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	DUE TO, OI	/ /	COLO	inoma of	Lung		APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
NG PHYSICIAN: The law requires that the death certicottending physician.  Ifer this certificate has been signed by the ottending pass the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, ar renarked ar Item 18 shows any injury, an other traumatic example.	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF DELL MY	z'diac			NOT RELATED TO THE TERM	200 AUTOPSY?  YES \( \text{NOTE} \)	20b. IF YES, W IN CERTIFYIN YES [	VERE FINDIN	IGS USED
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DHMH - 16 50M 4/83	_	UNERAL DIRECTOR NAME ALLEN RI				Run Cemeter 250. DAT	E REC'D. BY REGISTRAR!	Mine 25b. REGISTRAI	-	77 774



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FINES OURS	T. DE	REGISTRAR CEASED NAME (E OR PRINT)		ATE OF BIRTH	Mode M.	Stangle EARS IF UNDER 1 Y		20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY  MONTH DAY	YEAR 26. HOL
	4	ma le Wi	ite Ma	r.19,1	L902 82 HAT COUNTRY?	MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD  9. BALTIMORE CITY	4 4	1984 11:36
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D. 21201 IF ANY DELAY IS 2. AND 31 OTHE 3. RETAIN PAGE SHOULD BE PILE AL RECORDS, 201	13a. S <b>M</b> 8	ryland	13b. COUNTY Alleg		ISC. CITY OR TOWN Frostbu	rg YES	NO 🗆		leasant	1532 St.
DEATH. DEATH. GES 1, 2 AM PM 3 AND 2 SEVITAIN	14. E	THER'S NAME FIRST  David	MID		Roland		THER'S MAIDEN NA.	MIDDLE	Me Elw	LAST
BALTIMORE, MD. 2 URS AFTER DEATH. IF S. GIVE PAGES 1, 2, 4 WITH FORM PM 3. 1 T. PAGES 1 AND 2 SH DIVISION OF VITALR		WAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARMED I		215-56-		hn P. R	addre land. Fr		. Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WARD "PENDING" IN PENCIL IN 1EM 18. GIVE PAGES 1, 2, AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOUL TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECO	NO	Conditions, if gove rise to couse (a) stating lying cause last	immediate the <u>under-</u>	(b)	AS A CONSEQUENCE  SOBOLINE  BUT NOT RELATED TO THE KE	of pur.	itured a	esdomina	el	
OF VITAL REATER SHOULD FEWORD "FER THE CHIEF AND THE CHIEF AND THE CHIEF AND THE CHIEF AND TO BURIAL, I	CERTIFICATION	19a. DATE OF OPER.		19b CONDI	TION FOR WHICH OPE			TER NATURE OF INJURY IN ITEM		AUTOPSY?
DIVISION OF VIT THIS CERTIFICATE SHA WARDED TO THE CHARGE 3 SHOULD BE UT TATE DEPARIMENT C	MEDICAL C	UNDERLYING CONTRIBUTING 214 INJURY OCCUR WHILE NOT AT WORK AT W	CAUSE OF DEAT	H P.M	A. MONTH DAY YEA  A. 19  OF INJURY (ATHOME, TORY, FARM, ETC.)			CITY OR TOWN	COUNTY	STAT
EXAMINER: CERTIFICATE JUD BE FORD DIRECTOR: DIRECTOR: ARYLAND,		death resulted from	Naturol ca	uses D.	Accident , s	M.D	Deputy M	edetermined manner  EDICAL EXAMINER	DATE SIGNED	orif-5-8
MEDICAL LECUTE THE GE 4 SHOLL FOR THE REPORT ITER DEATH.		(TYPE OR PRINT)								

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Arres Funeral Mone, Proschurg, MG.

- STATE REGISTRAR			CERTI	FICATE OF I	DEATH	REG.	NO.				
. DECEASED NAME (TYPE OR PRINT)	John John	Robert	S	titcher		2a. DATE OF DEATH	04	08	YEAR 84	2b. нои 5:2	
male male	4. RACE	auc.	S. DATE	OF BIRTH	VEAR 05	6. AGE (IN YEARS LAST I	YR:	MONTH	DER TYEAR	IF UNDER	24 HRS MIN.
Maryland  Country  Maryland  City or town of D  Cumberland	EATH 11. NAM	USA E OF HOSPITAL, NURSIP IN SUCH FACILITY, GIVE STREET  ACTED HEART	MARRIE WIDOW NG HOME ( ADDRESS)	OR OTHER INS	VORCED [	9. BALTIMORE CITY All 120. USUAL OCCUPA (TYPE OF WORK FOR MOST Retired 1	eg.	G LIFE) IN	b. KIND O		
JSUAL RESIDENCE (IF MA ISO, STAYE  Maryland  4. FATHER'S NAME  FIRST		UTION GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE C	ITY LIMITS? NO  S MAIDEN NA	13e.STREET ADDRESS	ZIP CO	DDE (	215	me one	7
68. WAS DECEASED EVE (YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DA	ES? 166. SOCIAL SECT	8661	Mrs. I	Marg	Stitcher,	RESS			MATE INTE	
Conditions, if or gove rise to in couse (o), sto underlying cou	ny, which mmediate from the see lost.	O, OR AS CONSEQUENCE, ON SEQUENCE CONSEQUENCE CONSEQUE	DEATH BU				20b. IF	YES, WE	N PART 16	NGS USE	D TH2
OR CONTRIBUTING [ (IF EITHER, NOTIFY ME 21d. INJURY OCCU.  WHILE ATWORK   NOTIFY ATWORK   NOTIFY ME 27a. 1 certify that saw the december, (I) (we 27b. SIG	CAUSE OF DEATH HOLI IDICAL EXAMINER)  IRRED  WHILE  (I) (this hospital) oftend	ME OF INJURY IR A.M. MONTH D P.M.  ACE OF INJURY ME STREET, FACTORY, OFFICE, led the deceded from 19	19 FARM, ETC )	211 LOCATI STREE	, 19 3 (our) opinion	YES NO RED (ENTER NATURE OF IN CITICAL)  MEDICAL ST DIRECTOR PHYS	JURY IN ITEM	YES 18 PART I C	ORPART 2)	that (I)	STATE we) o
230. BURIAL, CREMATION (SPECIFY)  Burial  A FUNERAL DIRECTOR  NAME  SCATP	N, REMOVAL 236. DA 4-1	1-1984 S	unset	Memoriad, Md.	CREMATORY	23d LOCATION CITY OR TOWN C Umber TERECO. BY REGISTRA	R 25b. REC	All GISTRAR'S	egan; signat	r Ma	STATE

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2		CEASED NAME	ERLAND, MD	MIDDLE		AST	REG. NO.	DAY YEAR 25 HOUR
A S	1	GEO		MES :	THOMAS		04	22 1984 2330 pm
	3. SE	Male	4. RACE Wh:	ite	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 74 YRS.	IF UNDER TYEAR IF UNDER 24 HRS
nerol dir		RTHPLACE (STATE OR FORM	Th. CITIZEN O	F WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY ALLEGANY COUNTY	
or the further of the		TY OR TOWN OF DEATH	(IF NOT IN S	UCH FACILITY, GIVE STREET	ADDRESS)	CUMBERAAND	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING MD Retired Fore:	126. KIND OF BUSINESS OR
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impletely ond 2 sh	14 FA	ATHER'S NAME FIRST W111	iam H. Thom	last last		15. MOTHER'S MAIDEN NA Bertie M	ae Sirbaugh	LAST
on ond co		VAS DECEASED EVER IN YES, NO OR UNKNOWN) (	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	214-07-4		17. INFORMANT Mrs. Helen	V. Thomas, Cum	berland, Md. Wife
physicio onpopers emovol.		18 CAUSE OF DEATH I PART I. DEATH WAS	Enter only one couse p CAUSED BY: MEDIATE CAUSE (0)_			. INVANCTION	)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the attending remove carb emotion, or r er froumatic		Conditions, if ony, w gove rise to immed couse (o), stoting	thich (b)_diote the DUE TO	OR AS A CONSEQUI			Victory.	xes
equires mor n signed by Then please rto burial, cr injury, or oth	NO	PART 2 OTHER SIGNIF	last (c)			NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION G	IVEN IN PART 110-
hos been prior	CERTIFICATION	196 DATE OF OPERATIO	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	CERT	ES, WERE FINDINGS USED  OFFING CAUSES OF DEATH?  YES NO
this certificate burial-transit		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU  (IF EITHER, NOTIFY MEDICAL	SE OF DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TE	PART ( OR PART 2)
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Spitol or off CTOR: After d for use as the 1. of Health of n 21 is marke		CONTRACTOR OF THE PARTY OF THE	10 100 10	22 10			, to death occurred on the date and he	, 19, that (I) (we) lost our and from the causes stated
the horizontal the horizontal the Peptite Deptite Till Hen		226 SIGNATURE	081	11	3		MEDICAL STAFF DIRECTOR PHYSICIAN	4/23/84
> 200 Z		224 PHYSICIAN'S NAM	SAME SAME			22e ADDRESS	ANTE CIRCUITAN	//
etoined by TO FUNERA should be di		BEHOUNEK,	BRUCE			912 SETON L	DRIVE, CUMBERLAN	D, MD 21502

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BENIAL MET. 27 154 Deep Perk Concessey Deep Perk, New Lotte, M.C.

			STATE REGISTRAR	FIRST		MIDDLE		ICATE OF I	DEATH	To DATE OF I	REG. NO.	DAY YEAR	Tar uous
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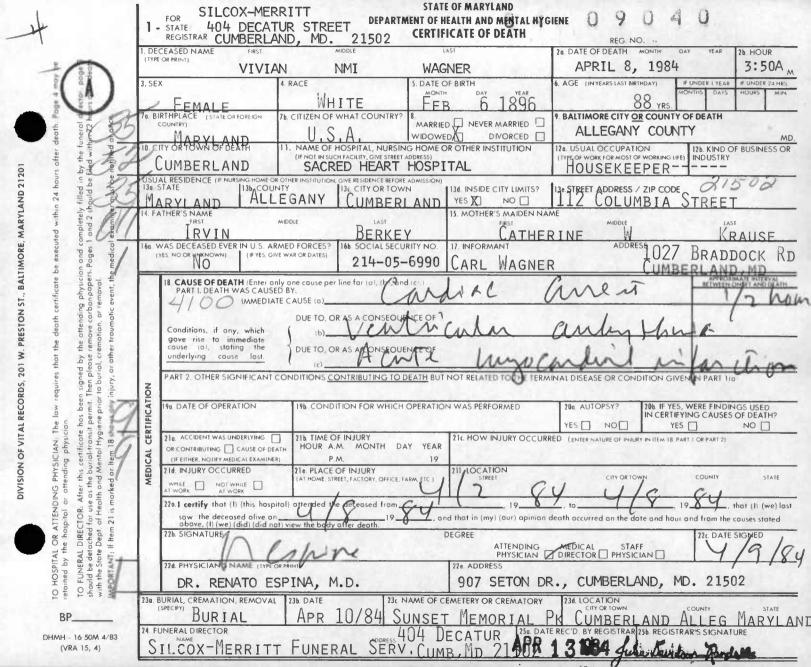
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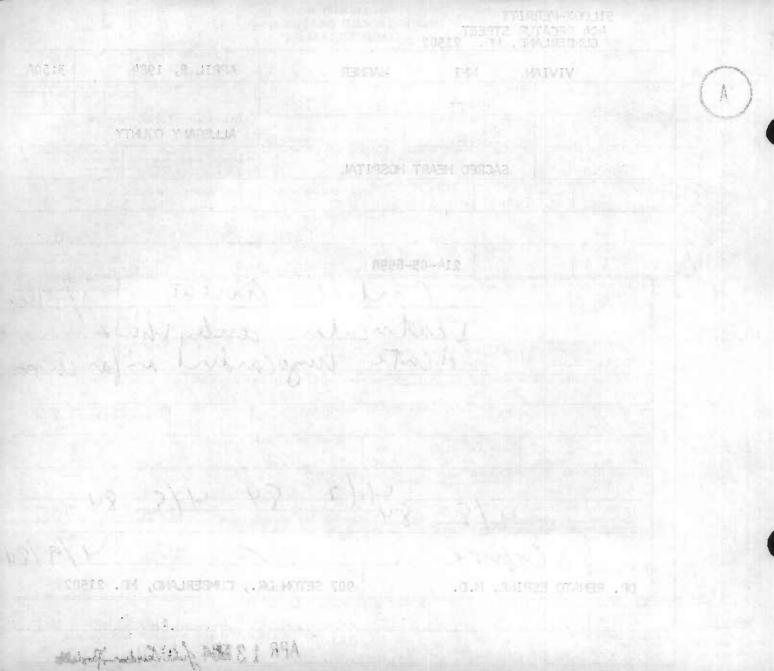
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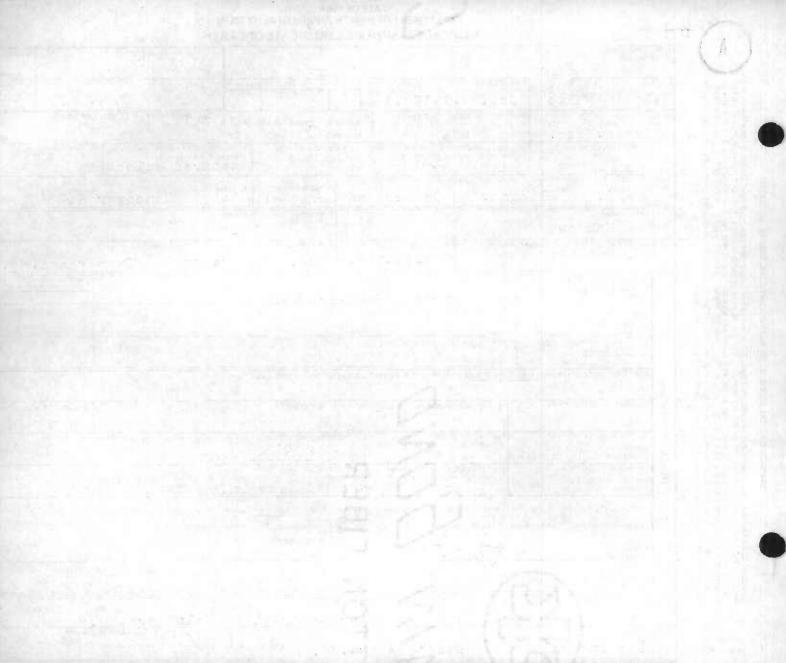
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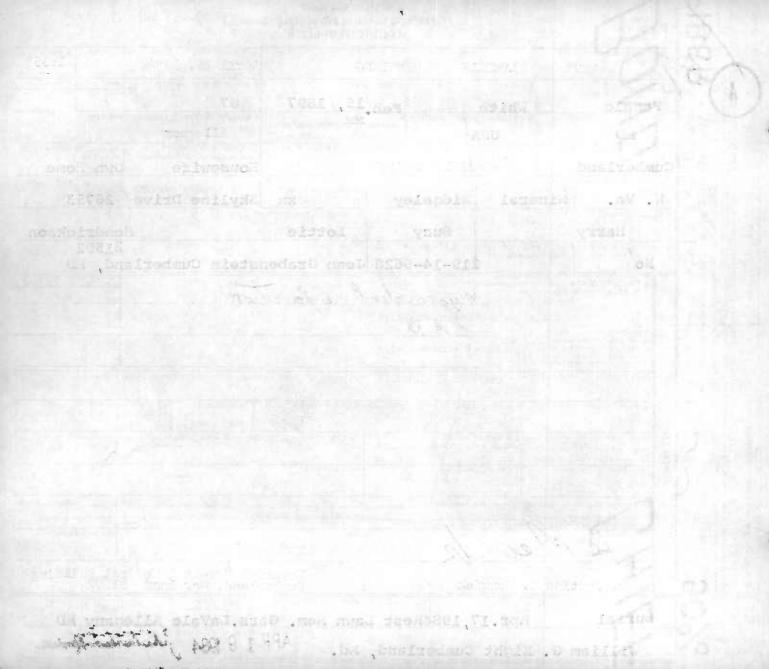


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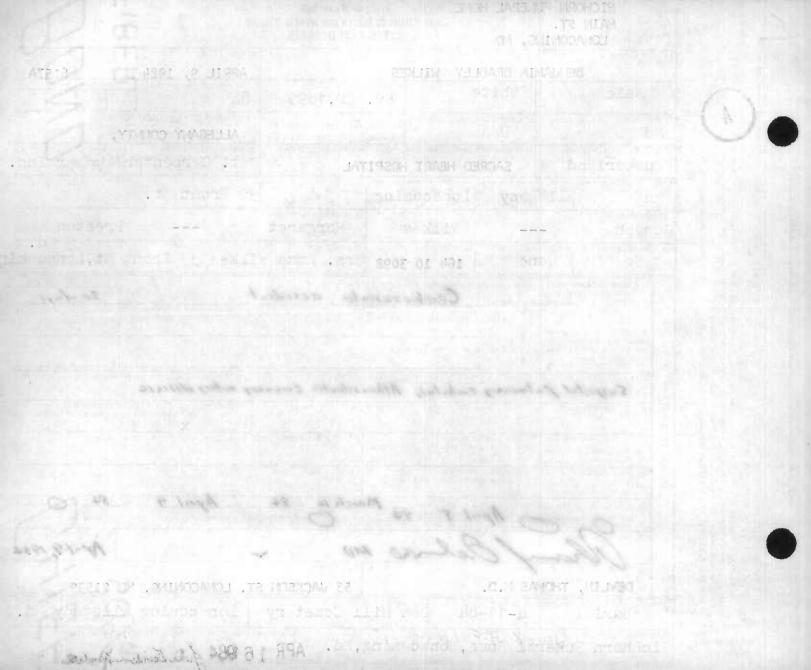


DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 74 HOUR : 58 To DATE OF DEATH DECEASED NAME Frances Kathleen Washington April 2, 1984 4. RACE 5. DATE OF BIETH & AGE UNIVERSIASS BUTHDAY FUNCER! YEAR 3. SEX 1919 Black Female TE BIRTHPLACE INTERPRETATION Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Mary Tand U.S.A. Allegany WEOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR Domestic Cumberland Memorial Hospital ISUAL RESIDENCE OF NUMBERS HOW OF OTHER INSTITUTION 13s STREET ADDRESS / ZIP CODE 1134 INSIDE CITY LIMITS? Allegany Maryland Cumberland 516 Bedford Street NO I 21502 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME WOOLE Burley Oswald Washington Frances 16s WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (VES, NO OR LINKNOWNS IF YES ONE WAR OR DATES! Cleveland, Ohio 215-20-7345 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE gave rise to immediate couse to: stoting underlying 28s. AUTOPSYT 7th, IF YES, WERE FINDINGS LISED. IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING. [7] 716 TIME OF INJURY THE HOW INJURY OCCURRED. LEWISE MATURE OF PURIET IN THE 18 PART 1 OF PART TO HOUR A.M. MONTH DAY OR CONTRIBUTING [ ] CAUSE OF DEATH LE ETHER HOTEY MEDICAL EXAMINERS P.M. 71d. INJURY OCCURRED TIE PLACE OF INJURY STATE 27u.1 certify t and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 17h SIGN DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 25 84 Memorial Hospital Med. Bldg. Dr. Terry Williams Cumberland, MD 21502 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b, DATE CumberTand Burial Rose Hill Cemetery Affegany FUNERAL DIRECTOR Leasure-Stein Funeral Home, Inc. 230 Baltimore Avenue Cumberland, Maryland 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGN DHMH - 16 50M 4/83 Wha Davidson-Ma (VRA 15, 4)

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